

**Miller Pipeline, LLC**  
8850 Crawfordsville Rd.  
P.O. Box 34141  
Indianapolis, IN 46234  
Effective Date: 10-01-13

**Company Non-DOT Drug  
and Alcohol Policy**

Plan Revision Date: February 14, 2018



**MILLER PIPELINE, LLC**

**COMPANY DRUG AND  
ALCOHOL POLICY**

**(NON-D.O.T.)**

**Miller Pipeline, LLC**  
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Dear Fellow Employees:

For many years, Miller Pipeline has had a standing commitment to provide a safe, healthy, and productive work environment for our employees. To accomplish this objective, we have pledged to provide information about various company programs, education about these programs, training, and company policies.

As you may realize, alcohol and drug abuse is one of the most serious and growing problems facing our country today. As much as we would like to think Miller employees are immune to this problem, we realize we may be a typical American employer.

As much as we do not want to intrude on the private lives of our employees, involvement with drugs or alcohol off the job can eventually take its toll on job performance and employee safety. As such, the Company has adopted in full the federally mandated D.O.T. Drug Testing Regulations. This program, although not initiated by the Company, will require the Miller organization great expense in the administration, management, and testing of employees to meet federal guidelines. This regulation is required by federal law as well as our customers.

Additionally, Miller Pipeline has adopted the same protocols, procedures, and program elements of the DOT Drug and Alcohol testing requirements for its Non-DOT Drug and Alcohol testing policy as well.

This booklet contains in separate sections, the Company's Non-DOT Drug and Alcohol Policy, as well as our D.O.T. Anti-Drug Plan. This document contains important information about testing, procedures, employee assistance programs, Medical Review Officer Duties, information such as prohibitions and disciplinary actions, drug awareness information, and documents required to be completed by employees.

We hope this information will help you understand the company's policy and the requirements behind it, as well as contributing to the health and safety of you, your family, our community, and our business.

Sincerely,

Kevin Miller  
President

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### **I. INTRODUCTION**

#### **A. Prohibited Drug Policy.**

1. The Company has a long-standing commitment to maintain the highest standards for employee safety and health and the use of controlled substances is contrary to these high standards.
2. Purpose: The purpose of the Drug and Alcohol Policy is to reduce accidents that result from the use of controlled substances, thereby reducing fatalities, injuries, and property damage by employees.
3. The presence in the body of prohibited substances is not condoned while performing employment duties for Miller Pipeline.

#### **B. Prescription Medication Use**

All employees under medical treatment using prescribed drugs which may alter their behavior or physical or mental ability must report this treatment to the Company Substance Abuse DER (Designated Employer Representative), so that they can evaluate the possible re-assignment of work for the affected employee, if possible, at the employer's option. Additionally the affected employee will be required to complete the Medication Approval Form. If a re-assignment of position is not available, the employee will be sent home. Employees must keep all prescribed medicine in its original container. This container must contain the following information:

- a. The identity of the drug
- b. The date of the prescription, and
- c. The doctor's name prescribing the medication.

#### **C. Implementation of Non-DOT Drug and Alcohol Policy.**

1. The company has implemented the Miller Pipeline Non-DOT Drug and Alcohol Policy to mirror and follow the same program procedures, protocols, and details of the PHMSA's Drug & Alcohol Testing Regulations as set forth in 49 CFR Part 199 and the Department of Transportation, Procedures for Transportation Workplace Drug & Alcohol Testing Programs, 49 CFR Part 40. The company will maintain confidential records of the testing results and chain of custody procedures just as is required by Part 199 and 40 of the DOT regulations. The Company has designated the Drug Program Manager as the record-keeping agent for all drug test records. For detailed information on the DOT procedures and protocols this program follows, please see the Miller Pipeline DOT Anti-Drug Plan, and Alcohol Misuse Prevention Program.
2. Applicability.
  - a. All individuals employed directly by, and receiving payroll from, Miller Pipeline, LLC.

#### **D. Background.**

1. The drug and alcohol testing catalyst for the Miller Pipeline Non-DOT Drug and Alcohol Policy includes testing employees for prohibited drugs under the following work-related conditions:
  - a. Pre-Employment

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- b. Random
- c. Post Vehicle Accident
- d.. Post Injury
- e. Post Property/Utility Damage
- f. Reasonable Cause
- g. Follow-Up
- h. Return-to-Duty

### **E. Definitions.**

For purposes of the Miller Pipeline Non-DOT Drug and Alcohol Policy, the following definitions apply:

1. Accident – An incident occurring while engaged in Company Business, reportable under Miller Pipeline notification requirements pertaining to any vehicle accident or damages; personal work related injury; or Property Damage/Utility Damage.
  - a. Post Vehicle Accident Testing will take place immediately for each employee driving a Company vehicle, or driving a personal vehicle on Company Business, and involved in an accident upon any of the following independent triggers:
    1. If a Company driver receives a citation for the accident.
    2. If any vehicle involved in the accident is towed away from the scene.
    3. If there are any obvious vehicle damages or personal property damages evident as a result of a vehicle accident (example: damaged mail box; damaged utility pole; damaged structure/building, damaged trees, etc.).
    4. If any individual involved in the accident seeks immediate medical attention away from the scene of the accident.
    5. If any individual involved in the accident sustains a personal injury necessitating in-patient hospitalization.
    6. If a death occurs.
    7. If the Company vehicle accident involves someone outside of the employment of the Company (public or community).
  - b. Post Injury Testing will take place immediately for each employee injured, while on Company Business at the time of the injury, under the following independent triggers:
    1. If an employee seeks medical attention at a medical facility for an injury, regardless of time lapse since the injury (does not apply to first aid only; nor record only injury notifications; nor bee stings; nor poison ivy).
    2. If the injury sustained is determined to be an OSHA recordable, regardless of time lapse since injury.
    3. If the injury sustained is determined to be reportable under Worker's Compensation, regardless of time lapse since injury.
    4. A determination made by outcome of an agreement between a Company Safety Representative and the injured employee's supervisor, that the individual failed to follow a Company prescribed safety practice or requirement, which resulted in an injury (regardless of going to a medical facility or first aid/record only type injury), regardless of time lapse since injury.
  - c. Post Property Damage/Utility Damage Testing: High Profile Incident - Damage to any utility or structure, that leads to; an uncontrolled release of natural gas or any flammable material; a disruption of utility services to a large number of homes or businesses; an injury to any person; or damage to public or private property that is expected to have significant financial repercussions.
    1. Testing will be conducted based on the outcome of discussions and agreement

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between a Company Safety Representative and the area supervisor, that the damages incurred were the result of a failure to follow a Company prescribed safety or operational practice, or customer requirement, and/or State or Federal requirement, which resulted in the Property/Utility Damage.

2. Adulterated specimen. A urine specimen containing a substance that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration.
3. Air Blank – In evidential breath testing devices (EBTs) using gas chromatography technology, a reading of the device's internal standard. In all other EBTs, a reading of ambient air containing no alcohol.
4. Alcohol - means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohol's including methyl or isopropyl alcohol.
5. Alcohol concentration - means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test conducted under the federal regulations.
6. Alcohol Confirmation Test - means a second test following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration.
7. Alcohol Screening Device - A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.
8. Alcohol Testing Site – A place selected by the company where employees present themselves for the purpose of providing breath or saliva for an alcohol test.
9. Alcohol Use - means the consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.
10. Aliquot. A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.
11. Blind Sample or Blind Performance Test Specimen – A specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from employee specimens.
12. Breath Alcohol Technician (BAT) - means an individual who instructs and assists individuals in the alcohol testing process and operates an EBT.
13. Cancelled Test. A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.
14. Chain-of-Custody – Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. These procedures shall require that an appropriate drug testing custody form be used from time of collection to receipt by the laboratory.
15. Collection Container - A container into which the employee urinates to provide the specimen for a drug test.

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16. Collection Site – A place selected by the company where employees present themselves for the purpose of providing a urine specimen for a drug test.
17. Collector – A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.
18. Company Safety Representative – Includes any one or more of the following: V-P of Safety; Safety Director; Safety Specialist; SQC Coordinator; Regional Trainer; Compliance Director; Compliance Coordinator.
19. Confirmatory drug test. A second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the initial test and which uses a different technique and chemical principle from that of the initial test in order to ensure reliability and accuracy. (Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine).
20. Confirmatory validity test. A second test performed on a different aliquot of the original urine specimen to further support a validity test result.
- 21.. Confirmed Drug Test - A confirmation test result received by an MRO from a laboratory.
22. Consortium/Third-party Administrator (C/TPA) – A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, drug and alcohol testing programs of its members.
23. Continuing Education – Training for medical review officers (MROs) and substance abuse professionals (SAPs) who have completed qualification training and are performing MRO or SAP functions, designed to keep MROs and SAPs current on changes and developments in the drug and alcohol testing industry.
24. Covered Employee, Employee, or Individual to be Tested - means any person who is employed directly by Miller Pipeline.
25. DOT Procedures – means the Procedures for Transportation Workplace Drug and Alcohol Testing Program published by the Office of the Secretary of Transportation in 49 CFR Part 40.
26. Designated Employer Representative (DER) – An employee authorized by the company to take immediate action(s) to remove employees from their duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications on behalf of the company, consistent with the requirements established by the Federal DOT of 49 CFR Part 40. Service agents cannot act as DERs.
27. Dilute specimen. A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.
28. DOT, The Department, DOT agency – These terms encompass all DOT agencies, including, but not limited to, the United States Coast Guard (USCG), the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Research and Special Programs Administration (RSPA), and the

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Office of the Secretary (OST). These terms include any designee of a DOT agency.

29. Drugs - The drugs for which tests are required under within Miller Pipeline's Non-DOT Drug and Alcohol Testing Policy are:
- a. Marijuana,
  - b. Cocaine,
  - c. Amphetamines,
  - d. Phencyclidine (PCP),
  - e. Opiates.
30. EBT (or evidential breath testing device) - means an EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Conforming Products List" (CPL) of evidential breath measurement devices.
31. Employee - Any person who is directly employed by, and receives payment from, Miller Pipeline, LLC. For purposes of drug testing under this part, the term employee has the same meaning as the term "donor" as found on CCF.
32. Employer. The entity employing one or more employees (including an individual who is self-employed) subject to testing requirements with this part. The term includes an employer's officers, representatives, and management personnel. Service agents are not employers for the purposes of this part.
33. Error Correction Training - Training provided to BATs, collectors, and screening test technicians (STTs) following an error that resulted in the cancellation of a drug or alcohol test. Error correction training must be provided in person or by a means that provides real-time observation and interaction between the instructor and trainee.
34. Fail a Drug Test or Test Positive – The confirmation test result shows positive evidence of the presence under testing procedures of a prohibited drug in the employee's or applicant's system.
35. HHS - The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.
36. High Profile Incident - Damage to any utility or structure, that leads to; an uncontrolled release of natural gas or any flammable material; a disruption of utility services to a large number of homes or businesses; an injury to any person; or damage to public or private property that is expected to have significant financial repercussions.
37. Initial drug test (also known as a Screening drug test). An immunoassay test to eliminate "negative" urine specimens from further consideration and to identify the presumptively positive specimens that require confirmation or further testing.
38. Initial validity test. The first test used to determine if a urine specimen is adulterated, diluted, or substituted.
39. Invalid result. The result reported by a laboratory for a urine specimen that contains an unidentified adulterant, contains an unidentified interfering substance, has an abnormal physical characteristic, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing testing or obtaining a valid drug test result.
40. Laboratory - Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory

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approved for participation by DOT under 49 CFR Part 40.

41. Limit of Detection (LOD). The lowest concentration at which an analyte can be reliably shown to be present under defined conditions.
42. Medical Review Officer (MRO) - A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.
43. Non-negative specimen. A urine specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s)), and/or invalid.
44. Operator – An owner or operator of pipeline facilities.
45. Oxidizing adulterant. A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or drug metabolites, or affects the reagents in either the initial or confirmatory drug test.
46. Pass A Drug Test – means that initial testing or confirmation testing under testing procedures does not show evidence of the presence of a prohibited drug in a person's system.
47. Performing a Covered Function – includes actually performing, ready to perform, or immediately available to perform an employment function.
48. Pipeline – All parts of the physical facilities through which product moves in transportation. This includes pipe, valves, and other appurtenances attached to pipe, compressor units, metering stations, delivery stations, holders, and fabricated assemblies.
49. Pipeline Facilities – includes new and existing pipeline, rights-of-way, and any equipment, facility, or building used in the transportation of products.
50. Positive Rate for Random Drug Testing – means the number of verified positive results for random drug tests conducted under this subpart plus the number of refusals of random drug tests required by this part, divided by the total number of random drug tests results (i.e., positives, negatives, and refusals) under this part.
51. Primary Specimen - In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purposes of validity testing. The primary specimen is distinguished from the split specimen, defined in this section.
52. Prohibited Drug – means any of the following substances specified in Schedule I or Schedule II of the Controlled Substances Act (21 U.S.C. 812): marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).
53. Qualification Training - The training required in order for a collector, BAT, MRO, SAP, or STT to be qualified to perform their functions in the testing program. Qualification training may be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).
54. Refresher Training - The training required periodically for qualified collectors, BATs, and STTs to review basic requirements and provide instruction concerning changes in technology (e.g., new testing methods that may be authorized) and amendments, interpretations, guidance, and issues concerning this part. Refresher training can be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).

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55. Refusal to Submit, Refuse, or Refuse to take - means behavior concerning refusal to take a drug test or refusal to take an alcohol test.
56. SAMHSA – Substance Abuse and Mental Health Services Administration, was formerly National Institute on Drug Abuse, ADAMHA, HHS was established by the DHHS in 1986 to regulate laboratories performing analytical tests (drug tests) on human body fluids for employment purposes in the public sector.
57. Screening test. See Initial drug test definition above. Alcohol: means an analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath specimen.
58. Service Agent - Any person or entity, other than an employee of the employer, who provides services specified under this part to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, collectors, BATs and STTs, laboratories, MROs, substance abuse professionals, and C/TPAs.
59. Shipping Container - A container that is used for transporting and protecting urine specimen bottles and associated documents from the collection site to the laboratory.
60. Specimen Bottle - The bottle that, after being sealed and labeled according to the procedures in this part, is used to hold the urine specimen during transportation to the laboratory.
61. Split Specimen - In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.
62. State Agency – means an agency of any of the several states, the District of Columbia, or Puerto Rico.
63. Stand-Down - The practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result.
64. Substance Abuse Professional (SAP) - A person who evaluates employees who have violated a drug and alcohol requirement and makes recommendations concerning education, treatment, follow-up testing, and aftercare to the Company's DER (Designated Employer Representative).
65. Substituted specimen. A urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.
66. Verified Test - A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determination by the MRO.

### **F. Company Responsibilities.**

1. Drug Program Manager (DPM) or Designated Employer Representative (DER): Appendix A contains the name and phone number of the responsible individual(s). The DPM or other company designated individual shall be responsible for the preparation of a drug and alcohol testing plan. The DPM shall be responsible for providing oversight and evaluation on the plan; providing

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guidance and counseling; reviewing of all discipline applied under this plan for consistency and conformance to human resources policies and procedures; scheduling random drug testing and return-to-duty testing; maintaining a locked file system on drug testing results; and overseeing the employee assistance program (EAP). The DPM will ensure a face-to-face evaluation by an approved SAP for employees who either have received a positive drug test or have refused a drug test as required by DOT. The company shall ensure that all employees are aware of the provisions and coverage of the company's drug and alcohol testing plan.

2. Supervisors: Company individuals responsible for observing the performance and behavior of employees; observation/documentation of events suggestive of reasonable cause; responsible for requests of second supervisor for substantiation and concurrence for reasonable cause testing, if applicable.
3. Employees: Each employee has the responsibility to be knowledgeable of the requirements of the company's drug and alcohol testing plan and to fully comply with the provisions of the plan.

### **G. DOT Testing versus Non-DOT Testing Provisions.**

1. DOT tests must be completely separate from non-DOT tests in all respects.
2. DOT tests must take priority and must be conducted and completed before a non-DOT test is begun. Any excess urine left over from a DOT test must be discarded and a separate void collected for subsequent non-DOT test.
3. Except as provided in paragraph 4 of this section, the company must not perform any tests on DOT urine or breath specimens other than those specifically authorized by 49 CFR Part 40 or DOT agency regulations. The company may not test a DOT urine specimen for additional drugs, and a laboratory is prohibited from making a DOT urine specimen available for a DNA test or other types of specimen identity testing.
4. The single exception to paragraph 3 of this section is when a DOT drug test collection is conducted as part of a physical examination required by DOT agency regulations. It is permissible to conduct required medical tests related to this physical examination (e.g., for glucose) on any urine remaining in the collection container after the drug test urine specimens have been sealed into the specimen bottles.
5. No one is permitted to change or disregard the results of DOT tests based on the results of non-DOT tests. The company must not disregard a verified positive drug test result because the employee presents a negative test result from a blood or urine specimen collected by the employee's physician or a DNA test result purporting to question the identity of the DOT specimen.
6. The company must not use the CCF or the ATF in your non-DOT drug and alcohol testing programs. This prohibition includes the use of the DOT forms with references to DOT programs and agencies crossed out. The company must always use the CCF and ATF for all DOT-mandated drug and alcohol tests.
7. The company must not permit a service agent to act as the company's Designated Employer Representative (DER).

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### **II. DRUG TESTING REQUIREMENTS**

#### **A. Applicability.**

1. Individuals Subject to Drug Testing: Any applicant/employee who would be offered a job, or work as a direct employee of Miller Pipeline would be subject to drug testing under this program.
2. Procedure for Notifying Employees: This Company Non-DOT Drug and Alcohol Policy shall be included in the appropriate company manual. Upon receipt of the Company Non-DOT Drug and Alcohol Policy, each manager shall post the plan in a prominent location that is readily accessible to all covered employees. All covered employees will be provided a complete copy of the Company Non-DOT Drug and Alcohol Policy
3. Substances for Which Testing Must Be Conducted: The company shall test each employee for evidence of the following substances:

**Marijuana, Cocaine, Opiates, Phencyclidine (PCP), and Amphetamines**

### **III. Drug Tests Required.**

#### **A. Pre-Employment Testing.**

1. A pre-employment drug test must be conducted before an individual is hired. This also applies to employees returning from a leave of absence who have not been participating in the Company Non-DOT Drug and Alcohol Policy and subject to the random selection process.
2. A negative test result is required prior to allowing an employee to perform any employment functions.
3. All testing will be in accordance with, and follow the protocols, procedures, and program requirements of the DOT, only in a Non-DOT environment.
4. The company maintains the policy whereby applicants who refuse to take or fail a drug test are not hired.

#### **B. Post Vehicle Accident Testing.**

1. The company shall drug and alcohol test each employee driving a Company vehicle, or driving a personal vehicle on Company Business, and involved in an accident.
  - a. A drug test must be conducted as soon as practical, but no longer than 32 hours after the accident.
  - b. An Alcohol test (BAT) must be conducted as soon as practical, but within 2 hours of the accident. If the BAT is not able to be administered within 2 hours of the accident, documentation to the facts surrounding the reasons why the BAT could not be performed is to be recorded and provided the DER or DPM, and efforts to obtain the BAT shall continue until 8 hours has elapsed since the accident. If after 8 hours the BAT still has not been obtained, documentation must be made and provided to the DER or DPM as to the reasons why a BAT was not able to be obtained after 8 hours of attempting to obtain the BAT.

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2. The appropriate company official must take all reasonable steps to obtain a urine and breath sample from an employee after an accident, as defined in this plan, but any injury should be treated first.
  - a. In the case of a conscious but hospitalized employee, management should request that the hospital or medical facility obtain the sample from the employee.
  - b. If an employee is injured, unconscious (employee is unable to communicate), or otherwise unable to evidence consent (employee is unable to sign custody and control form) to the drug test, all reasonable steps must be taken to obtain a urine and breath sample from the employee.
  - c. If an employee is conscious (employee can communicate) and he/she is able to evidence consent (employee able to sign custody and control form) to the drug test and is able to void normally (without aid of catheters) the specimen shall be collected.
2. If an employee who is subject to post vehicle accident testing is conscious, able to urinate normally (in the opinion of a medical professional), and refuses to be tested, that employee will be removed from employment and will be terminated.
3. Post Vehicle Accident Testing will take place immediately for each employee driving a Company vehicle, or driving a personal vehicle on Company Business, and involved in an accident upon any of the following independent triggers:
  - a. If a Company driver receives a citation for the accident.
  - b. If any vehicle involved in the accident is towed away from the scene.
  - c. If there are any obvious vehicle damages or personal property damages evident as a result of a vehicle accident (example: damaged mail box; damaged utility pole; damaged structure/building, damaged trees, etc.).
  - d. If any individual involved in the accident seeks immediate medical attention away from the scene of the accident.
  - e. If any individual involved in the accident sustains a personal injury necessitating in-patient hospitalization.
  - f. If a death occurs.
  - g. If the Company vehicle accident involves someone outside of the employment of the Company (public or community).
4. The following steps will be used **as a guide**, to assist the supervisor to a satisfactory outcome in a post vehicle accident situation.
  - a. Verify the post vehicle accident decision. Does the definition of accident in Section I apply to the current situation. Anonymous tips must be taken seriously, but should not be the sole reason to initiate a request for a specimen. If witnesses saw a specific event or behavior, ask them to describe what they saw. How far away were they? **Before proceeding further, obtain approval from the DER or DPM to proceed with post vehicle accident testing.**
  - b. Isolate and inform the employee. Remove the employee from the work situation. Explain the reasons a test will be performed.
  - c. Transport the employee. The potentially affected employee will not be allowed to proceed alone to or from the collection site. In addition to the safety concerns for the employee, accompanying the employee also assures that there is no opportunity en route to the collection site for the employee to ingest anything that could affect the test result or to acquire "clean" urine from another person.

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- d. Document the events. Record the activity performed that support the determination to conduct a post vehicle accident test. This documentation of the employee's activity should be prepared and signed by the supervisor within 24 hours of the accident or before the results of the tests are released, whichever is earlier, if possible.
  - e. Denial should be an expected reaction. If a person knows they will test positive, they may give many explanations and protestations, wanting to avoid drug testing. If they are not under the influence or affected by a prohibited drug, vehement denial also would be expected. Listen to the employee and carefully evaluate the employee's explanation. Remember, a request for urine specimen and a breath sample is not an accusation; it is merely a request for additional objective data. To the employee it may feel like an accusation; so it is important to stress that this is merely a request for additional data, and following Company Policy.
  - f. Following collection. If there is reason to believe the employee is impaired by possible drug or alcohol use, the employee should not be permitted to resume their duties until a negative test result has been returned. If there is no reason to believe the employee is impaired by possible drug or alcohol use, then it is permissible to have the employee return to their employment duties, before a negative test result is returned.
  - g. Employee Responsibility. As soon as practicable following an accident as defined in this plan, the employee shall make every attempt to contact his/her supervisor and the DER/DPM.
    - (1) The employee will be given instructions for obtaining alcohol and substance abuse testing.
    - (2) An employee who is subject to post-accident testing must remain available for testing, or the company may consider the employee to have refused to submit to an alcohol test.
    - (3) The employee subject to post-accident testing must refrain from consuming alcohol for eight hours following the accident, or until he or she submits to an alcohol test, whichever comes first
5. The company maintains the policy whereby employees who refuse to take, or fail a drug test are terminated.

### **C. Post Injury Testing.**

- 1. The company shall drug and alcohol test each employee engaged in Company Business, at the time of the injury.
  - a. A drug test must be conducted as soon as practical, but no longer than 32 hours after the injury.
  - b. An Alcohol test (BAT) must be conducted as soon as practical, but within 2 hours of the injury. If the BAT is not able to be administered within 2 hours of the injury, documentation to the facts surrounding the reasons why the BAT could not be performed is to be recorded and provided the DER or DPM, and efforts to obtain the BAT shall continue until 8 hours has elapsed since the injury. If after 8 hours the BAT still has not been obtained, documentation must be made and provided to the DER or DPM as to the reasons why a BAT was not able to be obtained after 8 hours of attempting to obtain the BAT.

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2. The appropriate company official must take all reasonable steps to obtain a urine and breath sample from an employee after an injury, as defined in this plan, but any injury should be treated first.
  - a. In the case of a conscious but hospitalized employee, management should request that the hospital or medical facility obtain the sample from the employee.
  - b. If an employee is injured, unconscious (employee is unable to communicate), or otherwise unable to evidence consent (employee is unable to sign custody and control form) to the drug and alcohol test, all reasonable steps must be taken to obtain a urine and breath sample from the employee.
  - c. If an employee is conscious (employee can communicate) and he/she is able to evidence consent (employee able to sign custody and control form) to the drug and alcohol test and is able to void normally (without aid of catheters) the specimen shall be collected.
  - d. If an employee who is subject to post injury testing is conscious, able to urinate and breathe normally (in the opinion of a medical professional), and refuses to be tested, that employee will be removed from employment and will be terminated.
3. Post Injury Testing will take place immediately for each employee injured, while on Company Business at the time of the injury, under the following independent triggers:
  - a. If an employee seeks medical attention at a medical facility for an injury, regardless of time lapse since the injury (does not apply to first aid only; nor record only injury notifications; nor bee stings; nor poison ivy).
  - b. If the injury sustained is determined to be an OSHA recordable, regardless of time lapse since injury.
  - c. If the injury sustained is determined to be reportable under Worker's Compensation, regardless of time lapse since injury.
  - d. A determination made by outcome of an agreement between a Company Safety Representative and the injured employee's supervisor, that the individual failed to follow a Company prescribed safety practice or requirement, which resulted in an injury (regardless of going to a medical facility or first aid/record only type injury), regardless of time lapse since injury.
4. The following steps will be used **as a guide**, to assist the supervisor to a satisfactory outcome in a post injury situation.
  - a. Verify the post injury decision. Does the definition of accident for Post Injury, in Section I apply to the current situation. Anonymous tips must be taken seriously, but should not be the sole reason to initiate a request for a specimen. If witnesses saw a specific event or behavior, ask them to describe what they saw. How far away were they? **Before proceeding further, obtain approval from the DER or DPM to proceed with post injury testing.**
  - b. Isolate and inform the employee. Remove the employee from the work situation. Explain the reasons a test will be performed.
  - c. Transport the employee. The potentially affected employee will not be allowed to proceed alone to or from the collection site. In addition to the safety concerns for the employee, accompanying the employee also assures that there is no opportunity en route to the collection site for the employee to ingest anything that could affect the test result or to acquire "clean" urine from another person.
  - d. Document the events. Record the activity performed that support the determination to

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conduct a post injury test. This documentation of the employee's activity should be prepared and signed by the supervisor within 24 hours of the injury or before the results of the tests are released, whichever is earlier, if possible.

- e. Denial should be an expected reaction. If a person knows they will test positive, they may give many explanations and protestations, wanting to avoid drug testing. If they are not under the influence or affected by a prohibited drug, vehement denial also would be expected. Listen to the employee and carefully evaluate the employee's explanation. Remember, a request for urine specimen and a breath sample is not an accusation; it is merely a request for additional objective data. To the employee it may feel like an accusation; so it is important to stress that this is merely a request for additional data, and following Company Policy.
  - f. Following collection. If there is reason to believe the employee is impaired by possible drug or alcohol use, the employee should not be permitted to resume their duties until a negative test result has been returned. If there is no reason to believe the employee is impaired by possible drug or alcohol use, then it is permissible to have the employee return to their employment duties, before a negative test result is returned.
  - g. Employee Responsibility. As soon as practicable following an accident as defined in this plan, the employee shall make every attempt to contact his/her supervisor and the DER/DPM.
    - (1) The employee will be given instructions for obtaining alcohol and substance abuse testing.
    - (2) An employee who is subject to post-accident testing must remain available for testing, or the company may consider the employee to have refused to submit to an alcohol test.
    - (3) The employee subject to post-accident testing must refrain from consuming alcohol for eight hours following the accident, or until he or she submits to an alcohol test, whichever comes first
5. The company maintains the policy whereby employees who refuse to take, or fail a drug test are terminated.

### **D. High Profile Incident Property/Utility Damage Testing.**

- 1. The company shall drug and alcohol test each employee engaged in Company Business, at the time of the damage.
  - a. A drug test must be conducted as soon as practical, but no longer than 32 hours after the damage.
  - b. An Alcohol test (BAT) must be conducted as soon as practical, but within 2 hours of the damage. If the BAT is not able to be administered within 2 hours of the damage, documentation to the facts surrounding the reasons why the BAT could not be performed is to be recorded and provided the DER or DPM, and efforts to obtain the BAT shall continue until 8 hours has elapsed since the damage. If after 8 hours the BAT still has not been obtained, documentation must be made and provided to the DER or DPM as to the reasons why a BAT was not able to be obtained after 8 hours of attempting to obtain the BAT.
- 2. The appropriate company official must take all reasonable steps to obtain a urine and breath sample from an employee after the damage, as defined in this plan, but any employee injury should be treated first.

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- a. In the case of a conscious but hospitalized employee, management should request that the hospital or medical facility obtain the sample from the employee.
  - b. If an employee is injured, unconscious (employee is unable to communicate), or otherwise unable to evidence consent (employee is unable to sign custody and control form) to the drug and alcohol test, all reasonable steps must be taken to obtain a urine and breath sample from the employee.
  - c. If an employee is conscious (employee can communicate) and he/she is able to evidence consent (employee able to sign custody and control form) to the drug and alcohol test and is able to void normally (without aid of catheters) the specimen shall be collected.
  - d. If an employee who is subject to post damage testing is conscious, able to urinate and breathe normally (in the opinion of a medical professional), and refuses to be tested, that employee will be removed from employment and will be terminated.
3. Post Property Damage/Utility Damage Testing will take place immediately for each employee engaged in Company Business at the time and location of the damages, and if the property damages/utility damage is classified as a High Profile Property/Utility Damage Incident, as follows:
- a. Testing will be conducted based on the outcome of discussions and agreement between a Company Safety Representative and the area supervisor, that the damages incurred were the result of a failure to follow a Company prescribed safety or operational practice, or customer requirement, and/or State or Federal requirement, which resulted in the Property/Utility Damage.
4. The following steps will be used **as a guide**, to assist the supervisor to a satisfactory outcome in a post damage test situation.
- a. Verify the post damage test decision. Does the definition of accident for Post Property Damage/Utility Damage Testing, in Section I apply to the current situation. Anonymous tips must be taken seriously, but should not be the sole reason to initiate a request for a specimen. If witnesses saw a specific event or behavior, ask them to describe what they saw. How far away were they? **Before proceeding further, obtain approval from the DER or DPM to proceed with post damage testing.**
  - b. Isolate and inform the employee. Remove the employee from the work situation. Explain the reasons a test will be performed.
  - c. Transport the employee. The potentially affected employee will not be allowed to proceed alone to or from the collection site. In addition to the safety concerns for the employee, accompanying the employee also assures that there is no opportunity en route to the collection site for the employee to ingest anything that could affect the test result or to acquire "clean" urine from another person.
  - d. Document the events. Record the activity performed that support the determination to conduct a post damage test. This documentation of the employee's activity should be prepared and signed by the supervisor within 24 hours of the damage or before the results of the tests are released, whichever is earlier, if possible.
  - e. Denial should be an expected reaction. If a person knows they will test positive, they may give many explanations and protestations, wanting to avoid drug testing. If they are not

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under the influence or affected by a prohibited drug, vehement denial also would be expected. Listen to the employee and carefully evaluate the employee's explanation. Remember, a request for urine specimen and a breath sample is not an accusation; it is merely a request for additional objective data. To the employee it may feel like an accusation; so it is important to stress that this is merely a request for additional data, and following Company Policy.

- f. Following collection. If there is reason to believe the employee is impaired by possible drug or alcohol use, the employee should not be permitted to resume their duties until a negative test result has been returned. If there is no reason to believe the employee is impaired by possible drug or alcohol use, then it is permissible to have the employee return to their employment duties, before a negative test result is returned.
- g. Employee Responsibility. As soon as practicable following an accident as defined in this plan, the employee shall make every attempt to contact his/her supervisor and the DER/DPM.
  - (1) The employee will be given instructions for obtaining alcohol and substance abuse testing.
  - (2) An employee who is subject to post-accident testing must remain available for testing, or the company may consider the employee to have refused to submit to an alcohol test.
  - (3) The employee subject to post-accident testing must refrain from consuming alcohol for eight hours following the accident, or until he or she submits to an alcohol test, whichever comes first.

- 5. The company maintains the policy whereby employees who refuse to take, or fail a drug test are terminated.

### **E. Random Testing.**

- 1. The primary purposes of random testing are to deter prohibited drug use and to ensure a drug free workforce. All Miller Pipeline employees will be subject to drug testing on an unannounced and random basis. The company shall conduct a number of tests equal to at least 25 percent of the covered employees each calendar year, spread reasonably over a 12-month period.
- 2. The following is a discussion of the key aspects of the random testing selection process.
  - a. Employees remain in the random selection pool at all times, regardless of whether or not they have been previously selected for testing.
  - b. Employees shall be selected for testing by using a computer-based random number generator or equivalent random selection method that is matched with an employee's social security number or employee ID number.
  - c. The process will be unannounced as well as random. Employees will be notified that they have been selected for testing after they have reported for duty on the day of collection.
  - d. Employees will be selected for random testing based on the number of covered employees at the time and the necessary testing rate.

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- e. Specimen collection will be conducted on different days of the week throughout the annual cycle to prevent employees from matching their drug use patterns to the schedule for collection.
3. The company maintains the policy whereby employees who refuse to take, or fail a drug test are terminated.
4. Steps for random testing:
  - a. The company shall use the random selection procedures to compile a list of covered employees selected for random testing during that testing cycle.
  - b. The company shall ensure that the list of social security numbers or employee identification numbers will identify the correct employees who are to be randomly tested during the testing cycle.
  - c. It is the intent of this plan to notify employees of their selection for random testing after they have reported for duty.
    - (1) The list of employees to be tested will be provided to the appropriate DPM.
    - (2) The list of employees that have been selected for random drug testing will be retained by the DPM or his/her designee in a secure location.
5. Notification of employees:
  - a. The appropriate manager/supervisor will notify their employee to be tested, in confidence and privacy.
  - b. The employee will not be notified of the test until after reporting for duty.
  - c. Once the employee is made aware of their random testing requirement, the employee shall report immediately to the collection site or to the collection site within 30 minutes, plus travel time, once notified by the appropriate company official.

**F. Reasonable Cause Testing.**

1. Reasonable cause testing is designed to provide management with a tool (in conjunction with supervisor training on the signs and symptoms of drug use) to identify drug or alcohol-affected employees who may pose a danger to themselves and others in their job performance. Employees may be at work in a condition that raises concern regarding their safety or the safety of others. Supervisors must then make a decision as to whether there is reasonable cause to believe an employee is using or has used a prohibited drug or may be under the influence of alcohol.
2. The decision to test must be based on a reasonable and articulate belief that the employee is using a prohibited drug or alcohol on the basis of specific, contemporaneous physical, behavioral, body odors, or performance indicators of probable drug use. At least two of the employee's supervisors, one of whom is trained in detection of the possible symptoms of drug use, shall substantiate and concur in the decision to test an employee. The concurrence by both supervisors can be accomplished by phone or by having another supervisor travel to the employee's job location, if only one supervisor is available at that location.
3. In making a determination of reasonable cause, the factors to be considered include, but are not limited to the following:

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- a. Adequately documented pattern of unsatisfactory work performance, for which no apparent non-impairment related reason exists, or a change in an employee's prior pattern of work performance, especially where there is some evidence of substance related behavior on or off the work site.
  - b. Physical signs and symptoms consistent with substance abuse.
  - c. Evidence of illegal substance use, possession, sale, or delivery while on duty.
  - d. Occurrence of a serious or potentially serious accident that may have been caused by human error, or flagrant violations of established safety, security, or other operational procedures
  - e. The presence of obvious body odors which may represent the signs of substances in the body, or on the breath.
- 4.. The company maintains the policy whereby employees who refuse to take, or fail a drug test are terminated.
5. The following steps will be used to guide the supervisor to a satisfactory outcome in a reasonable cause situation.
- a. Verify the reasonable cause decision. Anonymous tips must be taken seriously, but should not be the sole reason to initiate a request for a specimen. Hearsay is not an acceptable basis for reasonable cause referral. If witnesses saw a specific event or behavior, ask them to describe what they saw. How far away were they? How long did they observe the person? What, if anything, caused them to believe it was substance abuse related? On what basis did they reach their conclusion? **Before proceeding further, obtain approval from the Company DER or DPM to proceed with reasonable cause testing.**
  - b. Isolate and inform the employee. Remove the employee from the work situation. Explain that there is reasonable cause to believe the employee's performance is or has been being affected by some substance. Ask the employee to explain the suspected behavior and to describe the events that took place from their perspective. Ask if there is any medication or physical condition that would explain the behavior. A persuasive explanation may or may not deter you from asking for a urine sample and breath test. If there is still a reasonable belief that drugs and/or alcohol are a factor in the situation/incident, a request for testing should be made. If no reasonable belief is determined then no request for testing should not be made. If the decision to test is made, inform the employee that they are being requested to accompany the appropriate official to the specimen collection site to provide a urine specimen and breath sample. Inform the employee of the consequences of refusal to submit to testing.
  - c. Review your findings. During the conversation, observe physical and mental symptoms. Be sure to document any characteristics that either support or contradict initial information. In all cases, a reasonable cause decision must be made by two of the employee's supervisors. **This is in addition to the Company DER and DPM.** This creates greater objectivity, provides additional observation, and generally strengthens the defensibility of the reasonable cause determination.
  - d. Transport the employee. The potentially affected employee should not be allowed to proceed alone to or from the collection site. In addition to the safety concerns for the employee, accompanying the employee also assures that there is no opportunity en route

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- to the collection site for the employee to ingest anything that could affect the test result or to acquire "clean" urine from another person.
- e. Document the events. Record the behavioral signs and symptoms that support the determination to conduct a reasonable cause test. This documentation of the employee's conduct should be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the tests are released, whichever is earlier, **and must be provided to the DER or DPM for the employee's drug testing file.**
  - f. Denial should be an expected reaction. If a person knows they will test positive, they may give many explanations and protestations, wanting to avoid drug and alcohol testing. If they are not under the influence or affected by a prohibited drug or alcohol, vehement denial also would be expected. Listen to the employee and carefully evaluate the employee's explanation. Remember, a request to provide a urine specimen and breath sample is not an accusation; it is merely a request for additional objective data. To the employee it may feel like an accusation; so it is important to stress that this is merely a request for additional data.
  - g. Following collection. After returning from the collection site, the employee shall not perform duties pending the receipt of the drug and alcohol test results. The employee should make arrangements to be transported home. The employee should be instructed not to drive any motor vehicle due to the reasonable cause belief that they may be under the influence of a substance. If the employee insists on driving, the proper local enforcement authority should be notified that an employee who we believe may be under the influence of a substance is leaving the company premises driving a motor vehicle.
  - h. The employee will remain off work, unpaid, until the testing results are returned. If the results are positive, the employee is terminated from employment, effective the date and time of the test sample being taken. If the results are returned as negative, the employee is placed back into his/her work responsibilities and provided back-wages to the date and time of the test sample being taken.

### **G. Return-to-Duty Testing.**

1. An employee who refuses to take or has a positive drug test may not return to duty in a covered function unless the employee has complied with applicable provisions of a return-to-duty process. Miller Pipeline will adhere to, and follow the procedures and protocol of the DOT's return to duty process, concerning substance abuse professionals and the return-to-duty process.

This test type is only applicable, in the event that an employee completes the required return to duty process; desires to return to Miller Pipeline; a position is available for that employee; the supervisor of that former employee wishes his/her return; and the employee holds the applicable qualifications, knowledge, skills, and abilities for that position which is available.

The company maintains the policy whereby employees who refuse to take or fail a drug test are terminated.

2. The employee must pass a drug test and the MRO, the SAP and the company must have determined that the employee may return-to-duty, if that is an option available. An employee who returns to duty shall be subject to a reasonable program of follow-up drug testing, without prior notice, for up to 60 months after his or her return to duty. The employee may also be required in some circumstances to complete a company mandated rehabilitation program.
3. The Return To duty Test will entail direct observation, with includes the donor lowering their pants to above their knees, and raising their shirt or skirt to above their navel, then turning completely

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around in view of the same-gender observer, as well as having the observer witness the urine passing from the body into the receiving container.

### **H. Follow-Up Testing.**

1. In the event an individual does return to a position within Miller Pipeline, and successfully passes a return to duty test, they will be subjected to follow-up testing, for a length and frequency determined by their SAP, to be followed-through on and carried out by the company's DER and DPM. An employee who refuses to take or has a positive drug or alcohol test will be subject to unannounced follow-up drug tests administered by the company following the covered employee's return to duty. The number and frequency of such follow-up testing shall be determined by a substance abuse professional, but shall consist of at least six (6) tests in the first twelve (12) months following the covered employee's return to duty.
2. The company maintains the policy whereby employees who refuse to take, or fail a drug test are terminated.
3. In addition, follow-up testing may include testing for alcohol as directed by the substance abuse professional, Follow-up testing shall not exceed 60 months from the date of the covered employee's return to duty.
4. The substance abuse professional may terminate the requirement for follow-up testing at any time after the first six (6) tests have been administered, if the substance abuse professional determines that such testing is no longer necessary.
5. All Follow-Up tests will be paid for by the individual returning to work with Miller Pipeline, through payroll deduction.

## **IV. ALCOHOL PROHIBITED CONDUCT**

### **A. Alcohol Concentration.**

When the company receives an alcohol test result of 0.02 or higher, the company will immediately remove the employee involved from performing duties for Miller Pipeline and provide disciplinary actions which could be up to, and including termination of the employee. The employee will be given the opportunity to immediately produce medication which he/she may have taken which could have caused the alcohol result.

An employee shall be prohibited from reporting for duty or remaining on duty while having an alcohol concentration of 0.02 or greater. If a company representative has actual knowledge that an employee has an alcohol concentration of 0.02 or greater, the employee shall not be permitted to perform or continue to perform their employment functions.

- B. On-Duty Use.** The company shall prohibit a covered employee from using alcohol while performing employment functions. If a company representative has actual knowledge that an employee is using alcohol while performing employment functions, the employee shall not be permitted to perform or continue to perform employment functions, and will be terminated.

- C. Pre-Duty Use.** The company prohibits the use of alcohol within four hours prior to performing employment functions.

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- D. Use Following an Accident.** An employee who is subject to post-accident testing must remain available for testing, or the company may consider the employee to have refused to submit to an alcohol test. The employee subject to post-accident testing must refrain from consuming alcohol for eight hours following the accident, or until he or she submits to an alcohol test, whichever comes first.

### **V. DRUG TESTING LABORATORY.**

**A. SAMHSA Laboratory.**

1. The company shall use a drug testing laboratory certified under DHHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; 53 FR 11970, April 11, 1988 and subsequent amendments.
2. The name and address of each SAMHSA laboratory used by the company is contained in Appendix A.

### **VI. EMPLOYEE ASSISTANCE PROGRAM (EAP)**

**A. Scope of Program.**

The EAP will provide education and training on drug use to all employees. The education shall include:

1. Informational material displayed on bulletin boards, employee break rooms, locker rooms, etc., and distributed to employees.
2. A community service hot-line telephone number for employee assistance displayed on bulletin boards and distributed to employees, and
3. Distribution of the company's policy regarding the use of prohibited drugs to all new employees.

**B. Supervisor Training.**

1. Supervisory personnel will receive training under the Miller Pipeline Drug and Alcohol Policy. The training shall include at least one 60-minute period of training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use. This training shall be for supervisors who may determine whether an employee must be drug tested for reasonable cause.
2. The training shall also include at least one 60-minute period of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.
3. The supervisory alcohol training materials will address the specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, and body odors of the employee who may be subjected to reasonable suspicion alcohol testing. It will also address the physical and performance indicators of probable alcohol misuse.

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**VII. DRUGS AND CUTOFF CONCENTRATIONS:**

**A. Drugs that the laboratories test for** – The laboratory will test for the following five drugs or classes of drugs.

- a. Marijuana metabolites
- b. Cocaine metabolites
- c. Amphetamines
- d. Opiate metabolites
- e. Phencyclidine (PCP)

**B. Cutoff concentrations for initial and confirmation tests.**

a. The laboratory will use the cutoff concentrations displayed in the following table for initial and confirmation drug tests. All cutoff concentrations are expressed in nanograms per milliliter (ng/ mL).

The table follows:

Type of drug or metabolite.....	Initial test.....	Confirmation test
(1) Marijuana metabolites .....	50.....	15
Delta-9-tetrahydrocanna-binol-9-carboxylic acid (THC) .....		15
(2) Cocaine metabolites (Benzoylecgonine).....	150.....	100
(3) Phencyclidine (PCP) .....	25.....	25
(4) Amphetamines .....	500	
AMP/MAMP .....	500.....	250
MDMA .....	500	MDMA..... 250
		MDA..... 250
		MDEA..... 250
(Specimen must also contain amphetamine at a concentration of greater than or equal to 200 ng/mL.)		
(5) Opiate metabolites .....	2000	
Codeine .....	2000.....	2000
Morphine .....	2000.....	2000
6-acetylmorphine (6-AM) .....	10.....	10
(Test for 6-AM in the specimen. Conduct this test only when specimen contains morphine at a concentration greater than or equal to 2000 ng/mL.)		

- b. On an initial drug test, the laboratory will report a result below the cutoff concentration as negative. If the result is at or above the cutoff concentration, the laboratory will conduct a confirmation test.
- c. On a confirmation drug test, the laboratory will report a result below the cutoff concentration as negative and a result at or above the cutoff concentration as confirmed positive.
- d. The laboratory will report quantitative values for morphine or codeine at 15,000 ng/mL or above.

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P.O. Box 34141  
Indianapolis, IN 46234  
Effective Date: 10-01-13

## **Company Non-DOT Drug and Alcohol Policy**

Plan Revision Date: February 14, 2018

### **VIII. PROHIBITIONS**

The Miller Pipeline Company Drug and Alcohol Policy prohibits the following:

1. The use, possession, manufacture, dispensing, or selling of illegal drugs or drug paraphernalia on company premises or company business, in company vehicles, or during working hours.
2. The use, possession, manufacture, dispensing, selling, or being under the influence of an unauthorized controlled substance, illegal drug or alcohol on company premises or company business, in company vehicles, or during working hours. Alcohol is only permitted at company sponsored functions.  
  
"Being under the influence" of an unauthorized controlled substance or illegal drug is defined as testing positive at the specified D.O.T. identified level.
3. The use of alcohol and/or the use, possession, manufacture, dispensing or sale of illegal drugs off company premises that adversely affects an employee's work performance, his own or other's safety at work, or the company's regard to or reputation in the community.
4. The storing in a desk, company vehicle, locker, or other repository on company premises any illegal drug, drug paraphernalia, or any controlled substance whose use is unauthorized.
5. Refusing to submit to an inspection when requested by management.
6. Refusing to consent to testing or to submit a breath, saliva, urine, or blood sample for testing when requested by management.
7. Switching, tampering, adulterating, or falsifying any sample submitted for testing.
8. Refusal to complete the toxicology Chain of Custody Form in connection with the submission of a urine or blood specimen.
9. Failing to adhere to the requirements of any drug or alcohol treatment or counseling program in which the employee is enrolled.
10. Conviction under any criminal drug statute.
11. Failure to report to the Company Substance of Abuse DER (Designated Employer Representative), the use of a prescription drug which may alter the employee's behavior or physical or mental ability.
12. Failure to keep prescribed medicine in its original container.
13. Refusing to sign a statement agreeing to abide by the company's Alcohol and Drug Abuse Policy.
14. Testing positive for any of the drug program identified drugs.

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### **IX. DISCIPLINARY ACTIONS: COMPANY DRUG AND ALCOHOL POLICY VIOLATIONS**

Miller Pipeline will promptly terminate employees who violate the Company Non-DOT Drug and Alcohol policy, as well as the Miller D.O.T. Anti-Drug Plan. The Company will also, if and when required by law, report to the U.S. and/or State Government Agency(s) any violation of this policy by an employee whose job is affected by any Federal or State Drug Testing Programs or requirements.

Miller will routinely terminate an employee for the following reasons:

1. If an employee uses, possesses, manufactures, dispenses, or sells illegal drugs or drug paraphernalia on company premises or company business, in company vehicles, or during working hours.
2. If an employee stores in a desk, vehicle, locker, or other repository on company premises any illegal drug, drug paraphernalia or any controlled substance whose use is unauthorized.
3. If an employee is convicted under any criminal drug statute for a violation occurring on or off the job.
4. If an employee switches, tampers, falsifies, or adulterates, or attempts such switching, tampering, falsifying or adulteration, of a sample provided for testing.
5. If an employee refuses to consent to testing or to submit to a breath, saliva, urine, or blood sample for testing when requested by management.
6. If an employee refuses to complete a toxicology chain of custody form in connection with the submission of a testing specimen.
7. If an employee refuses to sign a statement agreeing to abide by the company's Alcohol and Drug Abuse Policy and/or the DOT Anti-Drug Plan
8. If an employee tests positive for any of the drug program identified drugs.

In addition to any disciplinary action for a positive test for alcohol or drugs, Miller may, in its sole discretion, refer an employee to the Company Employee Assistance Program. An employee so referred must immediately cease any alcohol or drug abuse, subject him/her to periodic unannounced testing following completion of the rehabilitation program and comply with all other conditions of the treatment program. An employee who undergoes treatment for substance abuse and continues to work must meet all established standards of conduct and job performance.

Miller will promptly terminate any employee who tests positive for alcohol or drugs while undergoing required treatment for alcohol or drug abuse or who tests positive on a periodic unannounced test for alcohol or drugs during the specified period following completion of the rehabilitation program.

If an employee has been terminated because of a positive drug test, before the employee can be re-hired, certification must be given to the Miller Pipeline DER, from an appropriately certified Substance Abuse professional (SAP) that the employee has successfully completed a Substance Abuse Program addressing his/her chemical abuse. If the Substance Abuse Program consists of outpatient care or meetings, this care cannot conflict with the employee's work schedule.

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**X. CONDITION OF EMPLOYMENT**

Compliance with the Miller Pipeline DOT Anti-Drug Plan and Company Non-DOT Drug and Alcohol Policy is a condition of employment. Failure or refusal of an employee to cooperate fully and adhere to this policy will be in violation of this policy and will be cause of termination.

**XI. RESERVATION OF RIGHTS**

Miller Pipeline reserves the rights to interpret, change, rescind, or depart from this policy in whole or in part without prior notice to its employees.

**XII. DRUG AWARENESS INFORMATION**

- Marijuana (Cannabis, Hashish)
- Cocaine
- Opiates
- Amphetamines
- PCP (Phencyclidine)
- Alcohol (Beverage)

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### **MARIJUANA**

#### **(CANNABIS, HASHISH)**

**Street Names:** Maryjane, Acapulco Gold, Columbian grass, hemp, Jamaican, pot, reefer, weed, ragweed, Thai sticks, sinsemilla, ace, herb, bang, kif, ganja, dope, smoke, number, joint, tea, hash, Lebanese gold, Nepalese Fingers, black Afghan, plus many more.

**What is Marijuana?** Marijuana is the common name for a crude drug made from the plant, cannabis sativa. This plant is a hardy annual found in both tropical and temperate climates and contains a mild hallucinogenic substance called delta-9-tetrahydrocannabinol (THC). The female plant secretes a sticky resin, which covers the flowering tops and upper leaves.

The type of plant, the weather, the soil, the time of harvest, and other factors determine the strength of marijuana. The strength of today's marijuana is as much as ten times greater than the marijuana used in the early 1970's. This more potent marijuana increases physical and mental effects and the possibility of health problems for the user.

Marijuana is prepared from the dried flowering top and leaves of the harvested plant, which are crushed into a tea-like substance, and most commonly rolled into a cigarette form, called a joint, and smoked. Marijuana seeds are oval with one slightly pointed end. Marijuana leaves will range in color from green to light tan. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.

Taking the resin from the leaves and flowers of the cannabis plant and compressing it into hard chunks, cubes, or cakes makes hashish. These cubes are then usually smoked in a pipe. Hashish is sometimes tarlike, ranging in color from pale yellow to black.

Hash is usually stronger than crude marijuana and may contain five to ten times as much THC. Hash oil may contain up to 50% THC. Pure THC is almost never available, except for research.

#### **Signs and Symptoms of Use:**

1. Reddened eyes (often masked by eye drops).
2. Slowed speech.
3. Distinctive odor on clothing.
4. Lackadaisical "I don't care" attitude.
5. Chronic fatigue and lack of motivation.
6. Irritating cough, chronic sore throat.

**What are the Dangers for Young People?** Research shows that the earlier people start using marijuana regularly, they often lose interest and are not motivated to do their school work. The effects of marijuana can interfere with learning by impairing thinking, reading comprehension, and verbal and mathematical skills. Research shows that students do not remember what they have learned when they are high.

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**What are Some of the Effects of Smoking Marijuana?** Some immediate physical effects of marijuana include a faster heartbeat and pulse rate (as much as 50% higher), bloodshot eyes, and a dry mouth and throat.

A common reaction to marijuana is the acute panic anxiety reaction. People describe this reaction as an extreme fear of losing control.

Marijuana can depress the brain, impairing or reducing short-term memory, altering sense of time, and reducing the ability to do things, which require concentration, swift reactions, and coordination, such as driving a car or operating machinery. Chronic smoking causes emphysema-like conditions, and one joint of marijuana contains cancer causing substances equivalent to one-half of one pack of cigarettes. In laboratory tests, the tars from marijuana smoke have produced tumors when applied to animal skin. Many research projects indicate that smoking marijuana, even though most marijuana smokers use fewer cigarettes than do tobacco smokers, may be more cancer causing than tobacco.

Burnout is a term first used by marijuana smokers to describe the effect of prolonged use. People, who smoke marijuana heavily over long periods of time, can become dull, slow moving, and inattentive. These burned out users are sometimes so unaware of their surroundings that they do not respond when people speak to them, and they do not realize they have a problem.

Marijuana is also commonly contaminated with the Fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections. In addition, marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

**Does Marijuana Affect Driving Ability?** Driving experiments show that marijuana affects a wide range of skills needed for safe driving. Thinking and reflexes are slowed, making it hard for drivers to respond to sudden, unexpected events. A driver's ability to stay in a lane through curves, to brake quickly, and to maintain speed and proper distance between cars is affected. Research shows that these skills are impaired for at least four to six hours after smoking a single marijuana cigarette, long after the high is gone. If a person drinks alcohol, along with using marijuana, the risk of an accident is greatly increased.

**Can you Become Dependent on Marijuana?** Long-term regular users may become psychologically dependent. They may have a hard time limiting their use, they may need more of the drug to get the same effect, and they may develop problems with their jobs and personal relationships. The drug can become the most important aspect of their lives.

**Dangers to the Human Reproductive System, Lungs, Pregnancy Problems, and Birth Defects:** Research suggests that the use of marijuana during pregnancy may result in premature or low-birth weight babies. Studies of men and women who use marijuana have shown that marijuana may influence levels of some hormones relating to sexuality. Women may have irregular menstrual cycles, and both men and women may have a temporary loss of fertility. These findings suggest that marijuana may be especially harmful during adolescence, a period of rapid physical and sexual development.

Scientists believe that marijuana can be especially harmful to the lungs because users often inhale the unfiltered smoke deeply and hold it in as long as possible. As a result, the smoke is in contact with the lung tissues for long periods of time, which irritates the lungs and damages the way they work. Marijuana smoke contains some of the same ingredients in tobacco smoke that can cause emphysema and cancer. In addition, many marijuana users also smoke cigarettes; the combined effects of smoking these two substances create an increased health risk.

The THC (tetrahydrocannabinol) and 60 other related chemicals in marijuana concentrate in the female ovaries and male testes. In test animals, THC causes birth defects, including malformations of the brain, spinal cord, fore limbs and liver, and water on the brain and spine.

Chronic smoking of marijuana in males causes a decrease in the sex hormone testosterone, and an increase in the female sex hormone estrogen. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development occurs in heavy users. Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.

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Pregnant women who are chronic marijuana smokers have a higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life. Also, exposure of marijuana to the fetus may decrease visual functioning and cause other ophthalmic problems. One of the most common effects of prenatal cannabinoid exposure is an underweight newborn baby. Offspring of test animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.

**How Long Do Chemicals from Marijuana Stay in the Body after the Drug is Smoked?** When marijuana is smoked, THC is absorbed by most tissues and organs in the body. However, it is primarily found in fat tissues. The body, in its attempt to rid itself of the foreign chemical, chemically transforms the THC into metabolites. These metabolites can be traced in the urine for a variable period of time, depending upon the individual and how much marijuana is smoked. Generally though for infrequent users, up to ten days, and for chronic users, 30 days or more.

## **COCAINE**

**Street Names:** Coke, nose candy, white lady, cola, lady, "C", mother-of-pearl, toot, blow, stardust, flake, snow, Bolivian rock, Peruvian flake, and crack.

**What is Cocaine?** Cocaine is a drug used medically as a local anesthetic, and is extracted from the leaves of the South American coca bush. It is abused as a powerful physical and mental stimulant, effecting the entire central nervous system. The muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

When coca leaves are soaked in kerosene, sulfuric acid and an alkali, coca base is formed. Coca base is a crude conglomerate of coca alkaloids and oils. It has cocaine content of 70 to 85%. This coca base ("rock, crack or free base") is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is heated in a glass pipe with the vapor being inhaled. Paraphernalia include a "crack pipe" and a lighter, alcohol lamp, or small butane torch for heating. This may be especially dangerous because this "crack" contains contaminants, such as kerosene, which can cause lung damage.

Another form of cocaine is cocaine hydrochloride. This is "snorting coke" because it is a white powder-like substance. Taking coca base and adding hydrochloric acid makes this. In this form, it is 90 to 100% pure cocaine. The numbing effect associated with this form of cocaine is felt within minutes and lasts 40 to 50 minutes per "line" (about 60 to 90 milligrams). A "line" is formed by a razor blade stringing the powdery substance out one or two inches long. This line is then inhaled through a straw or a rolled up dollar bill. Common paraphernalia include a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine.

The consumer usually makes freebase cocaine. The user dissolves cocaine hydrochloride in water, adding a strong alkali and extracting the basic cocaine with a volatile and flammable solvent. These caustic and volatile chemicals have caused serious and sometimes fatal accidents. The freebase cocaine produced by this process is then smoked in a pipe or sprinkled on a cigarette. Smoking freebase produces a two-minute superhigh within eight seconds. It evokes an enormous desire to keep on smoking freebase.

### **Signs and Symptoms of Use:**

1. Financial problems
2. Frequent and extended absences from meeting or work assignments.
3. Increased physical activity and fatigue.
4. Isolation and withdrawal from friends and normal activities.
5. Secretive behaviors, frequent non-business visitors, delivered packages.

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6. Unusual defensiveness, anxiety, agitation.
7. Wide mood swings.
8. Runny or irritated nose.
9. Difficulty in concentration.
10. Dilated pupils and visual impairment.
11. Restlessness.
12. Formication (sensation of bugs crawling on skin).
13. High blood pressure, heart palpitations, and irregular rhythm.
14. Hallucinations and paranoia.
15. Hyper-excitability and overreaction to stimulus.
16. Insomnia
17. Profuse sweating and dry mouth.
18. Talkativeness.

### **What are some of the Effects of Cocaine?**

The dangers of cocaine use vary, depending on how the drug is taken, the dose, and the individual.

Generally though, some or all of the following effects will be felt: Euphoria, heightened alertness, loss of appetite, sleeplessness, elevated self-confidence, increased speed of performance of fairly simple physical and mental tasks and, paradoxically, anxiety and panic.

Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to the critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.

Cocaine use causes the heart to beat faster and harder, and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels, causing strokes and heart attacks.

Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). Cocaine causes the strongest mental dependency of any known drug. Treatment success rates for cocaine are lower than for other chemical dependencies.

Occasional use can cause a stuffy or runny nose, while chronic snorting can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment can cause hepatitis, AIDS, or other infections. Also, because preparation of cocaine freebase involves the use of volatile solvents, deaths, and serious injuries from fire or explosion can occur.

Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are usually not reversible by medical intervention. Though few people realize it, overdose deaths as a result of multiple seizures followed by respiratory and cardiac arrest can occur when the drug is injected, smoked, or even snorted. Cocaine overdose was the second most common drug emergency in 1986, up from 11th place in 1980, and the number of cocaine overdose deaths has tripled in the last four years.

### **Can You Become Dependent on Cocaine?**

The more people intake the drug, the more tolerance the body builds for it, and therefore dosages must increase in order for the same effect to be experienced. Dr. R. K. Siegel, a leading cocaine researcher, has determined that cocaine is definitely addictive and not safe. People use cocaine repeatedly because they like its effects and can get to the point of centering their lives on seeing and using the drug. Smoking freebase increases this risk of dependence even more so.

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### **OPIATES**

**Street Names:** Dust, "H", horse, Mexican brown, gum, junk, smack, China white, hombre, dope, scag, morphine, Pectoral syrup, Demerol, Methodone, Darvon, and Codeine.

**What are Opiates?** Some opiates come from a resin taken from the seed pod of the Asian poppy. Opiates are referred to as narcotics, and they are a group of drugs which can be used medically to relieve pain (such as the form of Darvon and Demerol), depress body functions and reactions and, when taken in large doses, causes a strong euphoric feeling.

Opium appears as dark brown chunks or as a powder, and can be taken in pill form, smoked, or injected, depending upon the type of narcotic used. Heroin can be a white or brownish powder, which is usually dissolved in water and then injected. Most street preparations of heroin are diluted, or "cut", with other substances such as sugar or quinine. Other opiates come in a variety of forms, including capsules, tablets, syrups, solutions and suppositories. Natural opiate examples are opium, morphine, codeine, and heroin. Synthetic opiate examples are meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).

Heroin, know as "junk" or "smack" accounts for 90% of the opiate abuse in the United States. Sometimes opiates with legal medicinal uses also are abused, such as cough syrups containing codeine. There are over 500,000 heroin addicts in the U.S. and most of them are I.V. needle users. An even greater number than this are dependent on narcotics through medicinal prescriptions.

#### **Signs and Symptoms of Use:**

1. Mood changes.
2. Impaired mental functioning and alertness.
3. Constricted pupils.
4. Depression and apathy.
5. Impaired coordination.
6. Physical fatigue and drowsiness.
7. Nausea, vomiting, and constipation.

**What are the Health Effects of Opiates?** Opiates tend to relax the user. The user will feel an immediate rush when opiates are injected. Side effects are restlessness, nausea, and vomiting. A user may "bob" his head, going from alertness to drowsiness regularly. A big danger with opiates is that they increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to lack of pain sensitivity. In the workplace, this may cause impairment of physical and mental functioning. Also, the side effects of nausea, vomiting, dizziness, mental clouding and drowsiness place the legitimate user and abuser at a higher risk of having an accident.

When large doses are taken, many times the user cannot be awakened, the pupils become smaller, and the skin becomes cold, moist, and bluish in color. Breathing slows down and death may occur. Over time, opiate users may develop infections of the heart lining and valves, skin abscesses and congested lungs. Include with those infections from unsterile solutions, syringes and needles, which can cause illnesses such as liver disease, tetanus, serum hepatitis, and aids. Other physical dangers depend on the specific opiate used, its source, the dose, and the way it is used. Most dangers, however, are caused by the use of unsterile needles, contamination of the drug, combining the drug with other substances, and of course, using too much of the drug. Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing an increased risk for an overdose.

Dependency becomes a big effect of opiates. Because of tolerance, there is an ever-increasing need for more narcotics to produce the same effect. This helps fuel dependency on the drug. The combination of tolerance and

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dependency creates an increasing financial burden for the user, with costs for heroin reaching hundreds of dollars a day. When a person becomes dependent, finding and using the drug often becomes the main focus in life.

### **AMPHETAMINES**

**Street Names:** Bennies, black beauties (Biphetamine), crystal (Desoxyn), lid poppers, meth, pep pills, speed (Benzedrine or Dexedrine), Dexies, moth, whites, crank, uppers, and white crosses.

**What are Amphetamines?** Amphetamines are central nervous system stimulants that speed up the mind and body. These are produced through chemical synthesis by the pharmaceutical industry and by illicit laboratories. The physical sense of energy at lower doses and the mental exhilaration of higher doses are the reasons for their abuse. Legal preparations are white, odorless, crystalline, water-soluble powders. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. In addition to short-term treatment of obesity, they may be used for treatment of narcolepsy, a rare disorder marked by uncontrolled sleep episodes, and minimal brain dysfunction in children. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories. These illicit preparations are impure, off-white or yellowish powders or crystals or capsules and tablets in various sizes and colors. One of these illegal preparations is called speed, and is sold in counterfeit capsules, or as white, flat, doublescored "mini bennies," usually taken by mouth. Another of this type preparation is methamphetamine ("meth", "crank," or "crystal") and has nearly identical actions as amphetamine. This is often sold as a creamy, white and granular powder, or in lumps, and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamines may be taken by swallowing, snorting into the nose, or by injection, with the latter method being the preferred way of the chronic, high-dose abuser.

#### **Signs and Symptoms of Use:**

1. Hyperexcitability, restlessness.
2. Dilated pupils.
3. Increased heart rate and blood pressure.
4. Heart palpitations and irregular beats.
5. Profuse sweating.
6. Rapid respiration.
7. Confusion.
8. Panic.
9. Talkativeness.
10. Inability to concentrate.

**What are the Health Effects of Amphetamines?** Regular use produces strong psychological dependence and increases the body's tolerance to the drug. This can cause significant effects such as appetite suppression, sleep disturbance, and euphoria. The powerful euphoria produced by amphetamines can "blind" the user to his/her abuse. This euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts. In addition, the stimulant properties make it very attractive to truck drivers, students, and athletes, almost causing an epidemic in the middle 1960's. Since its legal production has decreased substantially, cocaine and amphetamine-like substances are being consumed at an alarming rate. Some other effects of use include: overstimulation, restlessness, dizziness, insomnia, sense of well-being, reduced appetite and sometimes panic, as well as increased heart rate, palpitations, headache, increased and irregular breathing, dry mouth, diarrhea, and unpleasant taste. Also high blood pressure, skin rash, paranoid thinking and confusion, severe agitation, in some cases depression and irritability, excessive sweating, fever, anginal pain, and fainting. High doses will cause coma, cerebral hemorrhage, toxic psychosis resembling schizophrenia, and death. If also intoxicated, this may induce a heart attack or stroke due to spiking of blood pressure. In addition to the heart damage, chronic use may also cause brain damage due to severe constriction of capillary blood vessels.

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In addition to these effects, users who inject amphetamines intravenously can get serious and life-threatening infections from unsterile equipment of self-prepared solutions that are contaminated. These can include hepatitis, and AIDS. Injecting can cause lung and heart disease and other diseases of the blood vessels, which can be fatal. Kidney damage, stroke, or other tissue damage also may occur.

Another danger of these drugs is that when people stop using them abruptly, they may experience fatigue, long periods of sleep, irritability, hunger, and physical and mental depression. This depression may be quite severe, depending on how much and how often the drug was used.

### **Workplace Issues:**

1. Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest.
2. Low doses of amphetamines will cause a short-term improvement in mental and physical functioning. With greater use of increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which makes operation of equipment or vehicles dangerous.

## **PCP (PHENCYCLIDINE)**

**Street Names:** PCP, Angel Dust, and hog.

**What is PCP?** Phencyclidine was originally developed as an anesthetic in the 1950's, but due to the adverse side effects it presented, such as hallucinations, PCP was taken off the market except for use as a large animal tranquilizer. PCP can act as both a depressant and a hallucinogen, and sometimes as a stimulant.

It is abused primarily for its variety of mood altering effects and although PCP is illegal, it is easily manufactured. PCP is available in a number of forms such as a pure, white, crystal-like powder, or a tablet, or a capsule. PCP is often sold as mescaline, or THC, and can be swallowed, smoked, sniffed, or injected. Many times PCP is sprinkled on marijuana, parsley, or tobacco and smoked, giving it an extra "kick". Sometimes it is combined with procaine, a local anesthetic, and sold as imitation cocaine. One of the dangers of buying street PCP, as it is with any drug, is that it may not even be PCP, but a lethal by-product of the drug.

A low dose can produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare, with the eyelids half closed. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

### **Signs and Symptoms of Use:**

1. Impaired coordination.
2. Severe confusion and agitation.
3. Extreme mood shift.
4. Muscle rigidity.
5. Nystagmus (jerky eye movements).
6. Dilated pupils.
7. Profuse sweating.
8. Rapid heartbeat.
9. Dizziness.

**What are the Health Effects of PCP?** Obviously, effects depend on how much is taken, how often, and the particular individual. Generally, however, effects can include dizziness, numbness, an increased heart rate and blood

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pressure, sweating, and flushed skin appearance. When large amounts are taken, drowsiness, convulsions and inducing a coma can occur, followed by heart and lung failure, ruptured blood vessels in the brain, and death.

For many users, predicting or describing the effects of the drug are difficult. PCP acts as a stimulant, speeding up body functions for some people, and for others it can act as a depressant. An overdose reaction can be likely when PCP is used in conjunction with other depressant drugs, such as alcohol. This overdose potential is high due to the extreme mental effects on the body, combined with the anesthetic effect on the body. Many users feel that PCP changes how they see their own bodies and things about them. Speech, muscle coordination and vision are affected. Time seems gone due to the senses of touch and pain being dulled, and the movements of the body slowed.

Besides producing violent or bizarre behavior in people who are not normally that way, PCP can lead to death from drowning, burns, falls, or car accidents. One of the effects of PCP on regular users is that it produces negative reactions with regard to brain functions. This affects memory, perception, concentration and judgement, and users may show signs of paranoia, fearfulness, and anxiety. Many users can cause irreversible memory loss, personality changes, and thought disorders, brought on by the chemical change that PCP causes. Temporary mental disturbance of the user's thought processes (a PCP psychosis), may last for days or weeks. Sometimes PCP users hear voices or sounds, which do not exist. Mis-diagnosing these hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction.

Generally, PCP abuse is less common today than in recent years. It also tends to stay clear of the workplace setting due to the severe disorientation that occurs.

### **ALCOHOL (BEVERAGE)**

**Street Names:** Booze, hooch, beer, liquor, and wine

**What is Alcohol?** Beverage alcohol is a central nervous system depressant that is produced naturally by fermentation and distillation from grain, yeast, and sugar. It is a clear liquid, but can be altered with particular dilutants and additives. Beverage alcohol is ethyl alcohol, a colorless, inflammable liquid. This alcohol can also be considered a food since it contains calories.

**Signs and Symptoms of Use:**

1. Drowsiness.
2. Poor eye-hand coordination.
3. Lowered self-control.
4. Aggressive behavior.
5. Rapid changes in mood.
6. Sometimes stimulates certain senses.
7. Dulling of the senses.
8. Slowed reaction time.
9. Impaired judgement.
10. Dizziness.
11. Slurred speech.

**What are the Health Effects of Alcohol?** One obvious effect is that social drinks can seriously impair judgement, driving ability, and reaction time. This can have devastating effects to the user's life, as well as others in contact with the user. About one-half of all the injuries and deaths that occur from car accidents in the U.S. are related to alcohol abuse.

Alcohol can have a tranquilizing effect on most people, but can stimulate others. There is a procession of events or effects on the body as alcohol is consumed. These starts with lowered self-control, which leads to aggressive behavior, then proceeds to dull sensations, impaired muscular coordination, and memory and judgement impairment.

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If taken in large quantities over a long period of time, alcohol can damage the liver and heart, and can cause permanent brain damage. Actually, alcohol can affect every system of the body in a negative manner.

Many factors come to play in determining how people react to alcohol or any other mood-altering drug. Weight, personality, mood and environment, how fast and how much they drink, and whether they drink before or after eating.

Long-term effects of continual abuse are numerous and potentially life threatening. Anxiety, emotional depression, confusion, persistent slurring even when sober, impairment of perceptual/motion functions, and increasing loss of ability to reason abstractly are some of these effects. Diseases associated with alcoholism are liver disorders such as fatty liver, alcoholic hepatitis, and cirrhosis.

Recent studies indicate that women who drink heavily during pregnancy run a much higher risk of delivering babies that are mentally retarded or physically deformed. These studies do not exclude the potential of this happening to babies of women who have an occasional binge or who drink lightly on a regular basis, however.

One of the main effects on the body that alcohol has is the illness which may develop...alcoholism. This is when an individual cannot choose whether to drink at all, or to stop drinking when he or she has obviously had enough. The "snowballing" effect of needing more alcohol to achieve the same effect on the body and to escape problems and stresses of everyday life convince the body that it needs alcohol to function.

About ten million Americans are afflicted with this problem of not being able to control their drinking, and having this cause a negative impact on their families, friends, and jobs.

Withdrawal symptoms are experienced when dependent drinkers try to stop drinking. Generally, due to the body's tolerance and dependence, hospitalization may be required to become free from the controls of alcohol.

Alcohol can be a killer when taken in large doses at once. This can interfere with the part of the brain that controls breathing. respiratory failure occurs and this brings death. Alcohol withdrawal can also bring death through delirium tremors. Generally, heavy drinkers shorten their life span by about 10 years. The unfortunate thing about this drug abuse is that drinking is accepted as a normal way of life.

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**APPENDIX A**

**CONSORTIUM/THIRD PARTY ADMINISTRATOR (C/TPA)**

National Toxicology Specialists, Inc.  
1425 Elm Hill Pike  
Nashville, TN 37210  
Phone: 615-353-1888  
Fax: 615-356-1890

**DESIGNATED EMPLOYER REPRESENTATIVE (DER) / DRUG PROGRAM MANAGER (DPM)**

Bradley A. Heck, CDER  
Miller Pipeline, LLC  
8850 Crawfordsville Rd./P.O. Box 34141  
Indianapolis, IN 46234  
317-653-5270

**MEDICAL REVIEW OFFICER (MRO)**

Medical Review Services  
Dr. Greg Elam;  
Dr. Calvin Channell  
1425 Elm Hill Pike  
Nashville, TN 37210  
615-353-1888

**SUBSTANCE ABUSE MENTAL HEALTH LABORATORY (SAMHSA)**

Quest Diagnostics  
10101 Renner Blvd.  
Lenexa, KS 68219  
800-877-7484

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Optum Health Solutions  
100 E. Penn Square  
Philadelphia, PA 19107  
Cheryl Albrecht 800-548-6549, EXT. 64182  
Ron Roberts 800-548-6549, EXT. 66795

**SUBSTANCE ABUSE PROFESSIONAL (SAP)**

Optum Health Solutions  
100 E. Penn Square  
Philadelphia, PA 19107  
Cheryl Albrecht 800-548-6549, EXT. 64182  
Ron Roberts 800-548-6549, EXT. 66795

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**APPENDIX B**

**SUPERVISORS DRUG AND / OR ALCOHOL CHECKLIST**

		<b>YES</b>	<b>NO</b>
1.	Smell of alcohol on breath of person?	___	___
2.	Speech: Slurred?	___	___
	Confused?	___	___
	Fragmented?	___	___
	Slow?	___	___
	Unusually soft?	___	___
	Unusually loud?	___	___
3.	Disorientation: Is employee confused about; Where he or she is?	___	___
	What day it is?	___	___
	What time it is?	___	___
4.	Apparent inability to focus on work?	___	___
5.	Unusual or unexplained resistance to authority or refusal to follow reasonable directions?	___	___
6.	Lack of motor coordination	___	___
7.	Mood: Belligerent?	___	___
	Moody?	___	___
	Ecstatic?	___	___
	More nervous than usual?	___	___
	Giddy?	___	___
	Talkative?	___	___
	Drowsy?	___	___
8.	Skin color: Pale?	___	___
	Flushed?	___	___
9.	Excessive perspiration?	___	___
10.	Excessive trips to the restroom?	___	___
11.	Bloodshot eyes?	___	___
12.	Dilated pupils?	___	___
13.	Pinpoint pupils?	___	___
14.	Traces of alcohol in containers?	___	___
15.	Confession by employee that he/she was drinking alcohol?	___	___
	Ingesting drugs?	___	___
16.	Confirmation by other employees?	___	___
17.	Presence of substances with the appearance of drugs?	___	___
18.	Presence of drug paraphernalia?	___	___
19.	Smell of marijuana?	___	___
20.	Congregation of employees in remote areas of the companies facilities or in areas not usually frequented by employees?	___	___
21.	Weariness, fatigue, or exhaustion?	___	___
22.	Deteriorating physical appearance?	___	___
23.	Yawning excessively?	___	___
24.	Blank stare or expression?	___	___
25.	Sudden and/or unpredictable change in energy level?	___	___
26.	Unusually energetic?	___	___
27.	Shaking or trembling of hands?	___	___
28.	Sunglasses worn at inappropriate times?	___	___
29.	Changes in appearance after lunch break?	___	___
30.	Withdrawal and avoidance of peers?	___	___
31.	Complaints from co-workers?	___	___
32.	Excessive absenteeism, especially Mondays, Fridays and days before or after holidays or paydays?	___	___
33.	Unusually high incidence of colds, flu, upset stomach, and/or headaches?	___	___
34.	Unauthorized or unscheduled absences?	___	___
35.	Breathing or swallowing difficulties?	___	___
36.	Unusual sneezing / nasal congestion?	___	___
37.	Needle marks on arms?	___	___
38.	Prolonged lunch hours?	___	___
39.	Tardiness?	___	___
40.	Unexplained departures from work or disappearances from the job area?	___	___
41.	More than average number of job-related mistakes injuries or accidents?	___	___
42.	Decrease in efficiency or productivity?	___	___
43.	Careless operation of equipment?	___	___
44.	Careless performance of job?	___	___

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### **APPENDIX C**

#### **REASONABLE CAUSE OBSERVATION CHECKLIST** (STRICTLY CONFIDENTIAL)

EMPLOYEE: \_\_\_\_\_ PERIOD OF EVALUATION: \_\_\_\_\_

SUPERVISOR#1, NAME  
AND TELEPHONE: \_\_\_\_\_

SUPERVISOR#2, NAME  
AND TELEPHONE: \_\_\_\_\_

This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists.

#### **A. QUALITY AND QUANTITY OF WORK**

YES	NO	
___	___	1. Clear refusal to do assigned tasks
___	___	2. Significant increase in errors
___	___	3. Repeated errors in spite of increased guidance
___	___	4. Reduced quantity of work
___	___	5. Inconsistent, "up and down" quantity/quality of work
___	___	6. Behavior that disrupts workflow
___	___	7. Procrastination on significant decisions or task
___	___	8. More than usual supervision necessary
___	___	9. Frequent, unsupported explanations for poor work performance
___	___	10. Noticeable change in written or verbal communication
___	___	11. Other (please specify) _____

#### **B. INTERPERSONAL WORK RELATIONSHIPS**

YES	NO	
___	___	1. Significant change in relations with co-workers, supervisors
___	___	2. Frequent or intense arguments
___	___	3. Verbal/Physical abusiveness
___	___	4. Persistently withdrawn or less involved with people
___	___	5. Intentional avoidance of supervisor
___	___	6. Expressions of frustration or discontent
___	___	7. Change in frequency or nature of complaints
___	___	8. Complaints by co-workers or subordinates
___	___	9. Cynical, "distrustful of human nature" comments
___	___	10. Unusual sensitivity to advice or critique of work
___	___	11. Unpredictable response to supervision
___	___	12. Passive-aggressive attitude or behavior, doing things "behind your back"

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**C. GENERAL JOB PERFORMANCE**

YES	NO	
___	___	1. Excessive unauthorized absences-number in last 12 months
___	___	2. Excessive authorized absences-number in last 12 months
___	___	3. Excessive use of sick leave in last 12 months
___	___	4. Frequent Monday/Friday absence or other pattern
___	___	5. Frequent unexplained disappearances
___	___	6. Excessive "extension" of breaks or lunch
___	___	7. Frequently leaves work early-number of days per week or month
___	___	8. Increased concern about (actual incidents) safety offenses involving the employee
___	___	9. Experiences or causes job accidents
___	___	10. Major change in duties or responsibilities
___	___	11. Interferes with or ignores established procedures
___	___	12. Inability to follow through on job performance recommendation

**D. PERSONAL MATTERS**

YES	NO	
___	___	1. Changes in or unusual personal appearance (dress, hygiene)
___	___	2. Changes in or unusual speech (incoherent, stuttering, loud)
___	___	3. Changes in or unusual physical mannerisms (gesture, posture)
___	___	4. Changes in or unusual facial expressions
___	___	5. Changes in or unusual level of activity-much reduced/increased
___	___	6. Changes in or unusual topics of conversation
___	___	7. Engages in detailed discussions about death, suicide, harming others
___	___	8. Increasingly irritable or tearful
___	___	9. Persistently boisterous or rambunctious
___	___	10. Unpredictable or out-of-context displays of emotion
___	___	11. Unusual fears or lacks appropriate caution
___	___	12. Engages in detailed discussion about obtaining/using drugs/alcohol
___	___	13. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
___	___	14. Has received professional assistance for emotional or physical problems
___	___	15. Makes unfounded accusations toward others, i.e., has feelings of persecution
___	___	16. Secretive or furtive
___	___	17. Memory problems (difficulty recalling instructions, data, past behaviors)
___	___	18. Frequent colds, flu, excessive fatigue, or other illnesses
___	___	19. Makes unreliable or false statements
___	___	20. Unrealistic self-appraisal or grandiose statements
___	___	21. Temper tantrums or angry outbursts
___	___	22. Demanding, rigid, inflexible
___	___	23. Major change in physical health
___	___	24. Concerns about sexual behavior or sexual harassment

Other information/observations (Please be specific, attach additional sheet as needed). Upon completion of this form, please call the Company DER at 317-697-8827 to discuss the findings.

\_\_\_\_\_  
SUPERVISOR #1 SIGN & DATE

\_\_\_\_\_  
SUPERVISOR #2 SIGN & DATE

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**APPENDIX D**

**Post Accident or Reasonable Cause/Suspicion  
Supervisor Written Record**

Employee's Name \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_  
Employee SSN \_\_\_\_\_ Job Title \_\_\_\_\_ Time \_\_\_\_\_

1. EBT Breath Alcohol testing **NOT completed within two (2) hours of the Accident** or the Reasonable Cause/Suspicion situation because: *(Examples – received notification too late, Employee removed from the scene for medical treatment, EBT device not available, injuries precluded testing, Breath Alcohol Technician not available, etc.)*

\_\_\_\_\_

2. EBT Breath Alcohol testing **NOT completed within eight (8) hours because:** *(Examples – received notification too late, Employee removed from the scene for medical treatment, EBT (device not available, injuries precluded testing, Breath Alcohol Technician not available, etc.)*

\_\_\_\_\_

3. Urine Drug Testing **NOT completed within 32 hours of the Accident** or Reasonable Cause/Suspicion situation because:

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Second Supervisor's Signature (if applicable) \_\_\_\_\_

**\*\*\* IMPORTANT \*\*\***

The above report is required in Post-Accident or Reasonable Cause/Suspicion testing **WHEN THE TEST TIMES WERE NOT MET.**

The written report of Post-Accident or Reasonable Cause/Suspicion testing must be completed and signed by the supervisor within 48 hours of the incident and subsequently faxed to the Company Designated Employer Representative (DER) at 317-295-6227.

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**APPENDIX E**

**ACKNOWLEDGMENT AND AGREEMENT  
WITH RESPECT TO DRUG AND ALCOHOL TESTING**

I, the undersigned employee hereby certify that I have been furnished with a copy of the Miller Pipeline DOT Anti-Drug Plan and Miller Pipeline Non-DOT Drug and Alcohol Policy, including its Employee Assistance Program, and that I have read and understand the same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said Miller Pipeline DOT Anti-Drug Plan and Miller Pipeline Non-DOT Drug and Alcohol Policy; for any failure or refusal to provide urine and/or breath specimens when requested by my employer; for the failure or refusal to identify and certify same; for the failure to cooperate with the forms and other document requirements.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Employee Name (Please Print)**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Social Security Number (Last 4 digits)**