

DRUG AND ALCOHOL-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

Transformations, LLC strictly prohibits employees/independent contractors from the unlawful manufacture, distribution, dispensation, possession, sale, or use of illegal drugs, controlled substances or alcohol while on the job, on Company owned, leased, or controlled property or while operating Company owned, leased, or controlled equipment or vehicles.

Transformations, LLC reserves the right to take appropriate and lawful actions to enforce this Drug and Alcohol-Free Workplace Policy. These rights include drug and/or alcohol testing and inspection of any and all Transformations, LLC and employee/independent contractor property when Transformations, LLC has a reasonable suspicion that this policy has been violated. Any work related accident which requires medical treatment or which causes injury to a fellow employee, client or others will result in testing for controlled substances and/or alcohol. Any work-related accident which results in damage to property will also result in testing for controlled substances and/or alcohol. Any employee/independent contractor who violates this policy is subject to corrective action up to and including termination or the requirement to satisfactorily complete a drug and/or alcohol rehabilitation program.

When an employee/independent contractor is using prescription or other over the counter (OTC) drugs or other medicine or stimulants which may affect the their ability to safely and/or efficiently perform his/her duties, the employee/independent contractor is required to advise his/her immediate supervisor before commencing work. If there is any question concerning the employee/independent contractor's ability to perform safely and/or efficiently, the employee/independent contractor may be sent or taken home.

ACKNOWLEDGEMENT

My signature below indicates that I have read, agree to, and understand the Transformations, LLC Drug and Alcohol-Free Workplace Policy. I further agree to submit to testing for drugs and/or alcohol and inspections of any and all Transformations, LLC and personal property when required by this Policy. I understand that testing positive for illegal drugs and/or alcohol, or refusing to submit to testing or property inspections when requested, will result in corrective action up to and including termination or a requirement to satisfactorily complete a drug and/or alcohol rehabilitation program.

I authorize the laboratory and physician to release my medical information to Transformations, LLC for purposes of determining legal drug use or other medical factors which may affect this Policy. I further agree to hold harmless the Company, its employees, agents, doctors, and any medical clinic, hospital or laboratory it designates, from all liabilities arising from the use of such information as defined in the Policy. I understand that all medical, drug, or alcohol information will remain confidential and will only be released according to the Policy.

Print Name

Employee Signature

Date