

CITY OF SANTA MONICA
INTERDEPARTMENT MEMO

DATE: October 23, 1989
TO: All City Employees (Permanent & As-Needed)
FROM: Karen Bancroft, Director of Human Resources
SUBJECT: CITY ANTI-SUBSTANCE ABUSE POLICY

Attached please find a copy of the Rules & Regulations pertaining to the City of Santa Monica's Anti-Substance Abuse Program.

The City's Anti-Substance Abuse Program goes into effect as of Monday, October 30, 1989. This program will apply to **all City employees** (permanent and as-needed/temporary). **Violations(s)** of the rules and regulations pertaining to this program **will be grounds for disciplinary action up to and including termination.**

Thus, since you will be held accountable for the rules and regulations contained in the City's Anti-Substance Abuse Program, each and every City employee is encouraged to read these rules and regulations. If you should have difficulty understanding the contents, please contact the Human Resources Department. A Human Resources Analyst would be more than willing to go over the rules and regulations on a **confidential** basis.

Under the City's Anti-Substance Abuse Program, the possession, use or sale of illegal drugs or alcohol while on City premises is prohibited. Reporting to work under the influence of drugs or alcohol, either at the beginning of your work day or following a break period such as lunch, is also prohibited under this program.

If you feel that you may have a substance abuse problem, you are encouraged to seek help for that problem. **Failure to resolve a substance abuse problem can result in the termination of your employment with the City** should your substance abuse problem lead to a violation of the City's Anti-Substance Abuse Program. You can obtain direction as to how you can resolve your substance abuse problem by contacting one of the following: 1) your supervisor; 2) the Director of Human Resources; or 3) your bargaining unit representative. (NOTE: the City's Employee Assistance Program is an employee benefit provided only to **permanent** employees; as-needed/temporary employees can still receive information as to the availability of substance abuse rehabilitation services by contacting the Human Resources Department)

If you should have any questions regarding this matter, please do not hesitate to contact me. I can be reached at the following telephone number: (310) 458-8246.

CITY OF SANTA MONICA

INTERDEPARTMENT MEMO

DATE: March 16, 1989
TO: All City Employees
FROM: John Jalili, City Manager. JJ
SUBJECT: POLICY ON A DRUG-FREE WORKPLACE

Substance abuse, the misuse of alcohol and drugs, is not a new issue, but it is one of growing concern to American employers at both the national policy level and within their own organizations. The misuse of alcohol and drugs is clearly a problem in the workplace. Research has shown that substance abuse is significantly affecting organizations as evidenced by increased medical benefit claims, increased absenteeism, increased industrial accident claims, and decreased productivity. Misuse of alcohol and drugs poses serious safety and health risks not only to the user, but also to those who work with, or come into contact with, the user.

The City of Santa Monica has long been concerned about the problem of substance abuse and has already taken steps in an attempt to reduce substance abuse in the workplace. The Santa Monica Municipal Code contains a section (Section 2105I) prohibiting employees from reporting for duty, or being on duty, under the influence of any intoxicant and lists such an offense as a cause for removal, suspension or demotion. (The City has also published an Administrative Instruction prohibiting the use of alcohol and/or drugs in the workplace). In addition, in an attempt to provide its employees with the means to overcome a substance abuse problem, at very little, if any, cost to the employee, the City of Santa Monica implemented a comprehensive Employee Assistance Plan (EAP) which offers confidential, professional counseling to employees and family members who seek assistance for alcohol and/or drug abuse and other personal/emotional problems. The City's EAP even offers intensive in-patient treatment for those who have a drug and/or alcohol abuse problem so severe that out-patient treatment will not be sufficient.

Substance abuse has become such a significant issue to our country that the federal government has responded by passing legislation to address the problem of substance abuse in the workplace. One of these laws, the Drug-Free Workplace Act of 1988, requires employers that receive federal grants to maintain a drug-free workplace. This legislation covers all organizations receiving federal grants. As a recipient of federal grants, the City of Santa Monica is covered by the Drug-Free Workplace Act of 1988

and must therefore comply with the provisions of that Act in order to renew current federal grants and obtain new federal grants.

The Drug-Free Workplace Act of 1988 requires that we publish a policy prohibiting the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances in the workplace. The policy statement must specify actions that will be taken against employees who violate the policy's provisions. In addition to publishing this policy statement, employers must provide their workers with a copy of the document. Thus, attached please find a copy of the City of Santa Monica's policy on a drug-free workplace. If you should have any questions regarding this policy, please contact the Director of Personnel.

(JJ:KB:drugs3)

CITY OF SANTA MONICA

POLICY ON A DRUG-FREE WORKPLACE

*It is the City's intent and obligation to provide and maintain a drug-free, healthful, safe and secure workplace.

*The unlawful manufacture, distribution, dispensation, sale, possession or use of controlled substances on City premises or while conducting City business off City premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.

*The City recognizes drug abuse as a potential health, safety and security problem. Employees needing help in dealing with such problems are encouraged to use our employee assistance program (offered through MHN) or health insurance plans, as appropriate. Conscientious efforts to seek such help will not jeopardize any employee's job, and will not be noted in his/her personnel file.

*The City will establish a drug-free awareness and education program which will inform employees about:

1. the dangers of drug abuse in the workplace;
2. the City's policy of maintaining a drug-free workplace;
3. the counseling, rehabilitation and employee assistance programs available to employees;
4. the penalties that may be imposed upon employees for drug abuse violations.

*As mandated by the Drug-Free Workplace Act of 1988, employees must, as a condition of employment, abide by the terms of this policy and report any conviction under a criminal drug statute for violations occurring on or off City premises while conducting City business. A report of a conviction must be made within five (5) days after the conviction.

1. The City is required to notify the granting federal agency within ten days of receiving notice of a conviction from an employee.
2. Discipline, up to and including termination, or requiring the satisfactory participation in a drug abuse or rehabilitation program by any employee who is so convicted is required.

3. Employees who do not abide by the requirements of this policy will be disciplined up to and including termination.

*The City will continue to make a good faith effort to maintain a drug-free workplace by complying with the Federal law's requirements.

*Any questions, comments or concerns about this policy should be brought to the attention of the Director of Personnel.

JJ:KB/sbmmol64

ISSUED MARCH 16, 1989

CITY OF SANTA MONICA

ANTI-SUBSTANCE ABUSE POLICY & PROGRAM

RULES & REGULATIONS

Employee Edition
(October 30, 1989)

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(KB."drugs7a")

CITY OF SANTA MONICA
ANTI-SUBSTANCE ABUSE POLICY & PROGRAM
RULES & REGULATIONS

I. INTRODUCTION

Substance abuse, the misuse of drugs or alcohol, is not a new issue, but it is one of growing concern to American employers at both the national policy level and within their own organizations. Substance abuse is clearly a problem in the workplace. Research has shown that substance abuse is significantly affecting organizations as evidenced by increased medical benefit claims, increased absenteeism, increased industrial accident claims, and decreased productivity. Substance abuse poses serious safety and health risks not only to the user, but also to those who work with, or come into contact with, the user. As a result, employers have become even more concerned about the misuse of drugs or alcohol by employees who perform safety-sensitive functions in the organization, and especially those safety-sensitive functions involving direct contact with the public.

The City of Santa Monica has long been concerned about the problem of substance abuse and has already taken steps in an attempt to reduce substance abuse in the workplace. The Santa Monica Municipal Code contains a section, Section 2105I, (Appendix A) prohibiting employees from reporting for duty, or being on duty, under the influence of any intoxicant and lists such an offense

as a cause for removal, suspension or demotion. In addition, in an attempt to provide its employees with the means to overcome a substance abuse problem at very little, if any, cost to the employee, the City of Santa Monica implemented a comprehensive Employee Assistance Program (EAP) in March, 1988 which offers confidential, professional counseling to employees and family members who seek assistance for alcohol or drug abuse and other personal/emotional problems. The City's EAP even offers intensive in-patient treatment for those who have a drug or alcohol abuse problem so severe that out-patient treatment will not be sufficient.

II. POLICY STATEMENT RE: SUBSTANCE ABUSE

It is the City's intent and obligation to provide and maintain a drug-free, healthful, safe and secure workplace.

Coming to work under the influence of drugs or alcohol or using drugs or alcohol while on City property or while conducting City business off City premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have other legal consequences.

The City recognizes substance abuse as a potential health, safety and security problem. Employees needing help in dealing with such problems are encouraged to use the City's employee assistance program or health insurance plans, as appropriate. Conscientious efforts to seek such

help will not jeopardize any employee's job, and will not be noted in his/her personnel file.

The City will establish a substance abuse awareness and education program that will inform employees about:

1. the dangers of substance abuse in the workplace;
2. the City's policy of maintaining a drug-free and alcohol-free workplace; and
3. the counseling, rehabilitation and employee assistance programs available to employees.

An employee who is found to be in violation of this policy will be subject to disciplinary action, up to and including termination. Satisfactory participation in a substance abuse or rehabilitation program may be required in addition to, or in lieu of, any disciplinary action that is taken.

It is the also the policy of the City of Santa Monica that: 1) an employee may not perform a sensitive safety function while that employee has alcohol or a prohibited drug in his or her system; 2) if an employee performing a sensitive safety function refuses to take a drug or alcohol test under the conditions outlined in these rules and regulations or is tested positive for drugs or alcohol under these rules and regulations and does not pass said test, that employee shall be relieved of his or her sensitive safety duties immediately; and 3) an employee who

refuses to take a drug or alcohol test under these rules and regulations or does not pass such a test may not return to a sensitive safety function until the employee has passed a return to duty drug or alcohol test.

NOTE: For the purpose of this policy, "safety-sensitive" job classifications are currently defined as the following: Police Officer, Fire Fighter and all job classifications that require a Class A or a Class B driver's license. "Safety-sensitive" positions in the Transportation Department are covered by a separate policy.

III. EMPLOYEES COVERED BY ANTI-SUBSTANCE ABUSE PROGRAM

This policy will apply to all permanent and all as-needed (temporary) City employees.

IV. FITNESS FOR DUTY

The City of Santa Monica has determined that its employees must be completely free of intoxicants and controlled substances in order to be fit for duty. (See Appendix B - Cutoffs for Controlled Substances or Alcohol used to determine the existence of a controlled substance or alcohol in the employee's system.) Accordingly, at all times that they are on duty or subject to duty, City employees shall be responsible for ensuring that no controlled substances, as spelled out in this policy, or their metabolites, or alcohol are present in any part of their body, including but not limited to the urinary

tract. The rigor of this requirement is imposed by the need to protect the soundness and safety of the City's operations.

V. EMPLOYEE EDUCATION & TRAINING

Substance abuse poses a threat to an individual's fitness for duty and endangers the City's operations, the public, himself and his fellow employees. The City of Santa Monica has accordingly established as a part of its anti-substance abuse program a Substance Abuse Education & Training Program which the City will provide for all of its employees.

The Anti-Substance Abuse Education & Training Program will educate employees about drugs and alcohol, their effects and consequences. It will be designed to help motivate employees to understand the problems involved in substance abuse and the ways such abuse could compromise their own personal functioning, as well as their functioning on the job.

The education component shall include display and distribution of the following: 1) informational material and 2) the hot-line telephone number for the City's Employee Assistance Program (EAP).

The training component shall include information on the effects and consequences of substance abuse on personal

health, safety and the work environment, and the manifestations and behavioral cues that may indicate drug or alcohol use and abuse. Supervisory employees shall receive training on the physical, behavioral, and performance indicators of probable drug or alcohol use to enable them to determine when an employee is subject to drug or alcohol testing based on "reasonable cause."

VI. EMPLOYEE ASSISTANCE PROGRAM

Substance abuse costs employers millions of dollars each year in absenteeism, accidents, lost productivity and increased medical expenses. The City of Santa Monica, in order to provide its employees with the means to overcome a substance abuse problem at very little, if any, cost to the employee, implemented a comprehensive Employee Assistance Program (EAP). (NOTE: As-needed/temporary City employees are not covered by the City's EAP. However, as-needed employees may utilize the substance abuse rehabilitation providers available under the City's EAP but will be required to pay the full cost of any treatment received. As-needed employees wishing to enter a substance abuse rehabilitation facility may contact the Personnel Department for a referral to a treatment facility.)

Permanent City employees may enter the City's EAP in the following ways:

- (1) an employee may voluntarily enter the program;
- (2) an employee may be referred by his/her bargaining unit; or

- (3) an employee may have his or her participation mandated by receiving a positive drug or alcohol test administered as a part of the "reasonable cause" testing procedures set forth in these rules and regulations. (See Section VIII.)

Any employee who believes that he/she has a substance abuse problem may voluntarily request assistance from the City by contacting his/her Supervisor or the Director of Personnel. The City of Santa Monica will assist the employee in dealing with his/her substance abuse problem in complete confidence and without jeopardizing his/her employment with the City of Santa Monica. The conditions and procedures which will apply to an employee's request for assistance in dealing with a substance abuse problem are as follows:

- (1) The Supervisor, or Director of Personnel, when informed by an employee of a substance abuse problem, will refer the employee to the City's EAP. Such referrals will be made in strict confidence.
- (2) The City of Santa Monica will allow the employee to take a leave of absence while the employee participates in a rehabilitation or treatment program. Any accrued but unused sick leave or other paid leave credits (e.g., vacation leave, compensatory time, etc.) will be applied towards the leave of absence.

If no paid leave credits are available to the employee, he/she may, if necessary, be placed on a leave of absence without pay for the period of the rehabilitation or treatment program. If the employee requests leave without pay, the length of the unpaid leave of absence will be left to the discretion of the appointing authority. However, in no event shall an unpaid leave of absence exceed twelve (12) months.

- (3) The employee must agree to undertake and to successfully complete a course of treatment as deemed appropriate by the provider(s) assigned by the City's EAP.
- (4) After successful completion of the rehabilitation or treatment program, the employee, if on sick leave or leave of absence, will be promptly returned to active service. The return to service may be conditioned on the completion of a return to work medical examination, including a drug or alcohol test.

If the employee is being referred to the EAP by his/her bargaining unit, the bargaining unit representative must contact the Director of Personnel. The same conditions and procedures outlined above will also apply to referrals to the EAP that are made by the employee's bargaining unit representative.

If an employee's participation in the EAP is mandated as a result of the employee receiving a positive drug or alcohol test, the appointing authority, or his/her designee,

will contact the EAP and schedule the employee's initial EAP session, which will involve an assessment of the drug abuse problem, with a determination being made as to the recommended course of rehabilitation or treatment. The same procedures and conditions outlined for a voluntary referral to the EAP will apply. In addition, the Appointing Authority, or his/her designee, will receive weekly progress reports from the EAP provider(s) regarding the employee's progress in his/her rehabilitation or treatment program.

VII. PRE-EMPLOYMENT TESTING

The following conditions will apply to pre-employment medical exams, which will include a drug test:

- (1) An individual may not be hired to perform a sensitive safety function unless the individual passes a drug test as proscribed within these rules and regulations. Individuals who apply for safety sensitive positions will be notified of this requirement at the time of application.
- (2) A current employee who does not perform a sensitive safety function may not be assigned a sensitive safety function until that employee passes the aforementioned drug test.

- (3) The drug test will be composed of urine or blood testing for controlled substances, including but not limited to the following:

Marijuana

Cocaine

Opiates

Phencyclidine (PCP) and

Amphetamines

- (4) An individual who tests positive for one, or more, controlled substance, and who believes that said positive test result is in error or that a valid explanation exists for the positive test result (e.g., a medication prescribed by a physician), will be afforded the opportunity to meet with the Medical Review Officer (MRO). Said review by the MRO will be at the job applicant's expense. The job applicant can request a retest of the original urine or blood specimen, with said retest to be at the job applicant's expense.

VIII. "REASONABLE CAUSE" TESTING

- (1) When a supervisory employee who has been trained in substance abuse recognition reasonably suspects, based upon specific personal observation that the supervisor can articulate concerning the appearance, behavior, speech or body odors of an employee or

based upon information obtained from a reliable person with personal knowledge that the employee is under the influence of or impaired by controlled drugs or alcohol, the employee in question will be requested to submit to urinalysis or blood test.

- (2) the employee will be informed that any refusal to cooperate with the administration of the drug or alcohol test will be considered to be insubordination on the part of the employee and will result in disciplinary action up to and including termination. Such non-cooperative actions include any alteration of consent forms and any refusal to consent to, or cooperate fully with, the collection of blood or urine specimens.
- (3) If the employee agrees to the drug or alcohol test, the employee will then be transported by City personnel to a designated collection site for a urine or blood test.

IX. POST-ACCIDENT TESTING

Post accident testing shall be performed if the supervisor has a "reasonable cause" to perform post accident testing for drugs or alcohol. (See Section VIII for description of "reasonable cause" testing.)

X. PHYSICAL EXAMINATION & DRUG TESTING PROCEDURE

- A. The drug analysis may test for any substances which could impair an employee's ability to effectively and safely perform the functions of his/her job. The analysis shall be conducted in the following manner:
- (1) Applicants/employees, hereinafter referred to as Providers, submitting for drug testing shall sign a consent form authorizing the collection site to perform the test and authorization of release of medical information to the City of Santa Monica (see Appendix C for copy of consent forms). These forms must be signed in the presence of and witnessed by a representative of the collection site.
 - (2) Once the specimen has been collected, in the presence of both the Provider and Collector, the following shall occur:
 - a) The specimen bottle shall be securely labeled with the date, provider's specimen number, name and City of Santa Monica Anti-Substance Abuse Program.
 - b) The Provider shall initial the identification label on the specimen.
 - c) The collection site person shall enter on the Urine Custody Control form all information identifying the specimen. The form shall be signed by

the collection site person. (See Appendix D for copy of Urine Custody Control form)

- d) The Provider shall read and sign the urine custody control form certifying that the specimen is his/hers.
 - e) The Provider will be provided an opportunity to list any medications taken or administered in the last thirty (30) days on the control form.
- (3) Sealed vial will then be placed in a "lock box," which shall then be transported to the laboratory by special courier.*
- *NOTE: Couriers do not have access to the locked box or its contents.
- (4) Provider will be asked to complete a five (5) part "Urine Custody Control form" (see Appendix D) which is a questionnaire and affidavit stating that the specimen in the vial is his/hers. The Provider's signature will be witnessed by the Collector.
 - (5) Collector will complete the Urine Custody Control Form which would include the Provider's name, date sent, test requested, their Social Security number, and their initials on the Specimen Log. When the courier arrives to pick up the specimen, they will place their initials on the log, indicating they are

taking the locked box and its contents to the testing laboratory.

- (6) A laboratory requisition form will also be included in the lock box, along with the specimen.

B. After the drug analysis is completed, the sample shall be processed as follows:

- (1) Initial testing will be performed using Syva Enzyme Immunogabby Screen (EMIT) and Enzymatic. If the results are negative, no further testing will be required and a phone report will be called in to the medical facility, where they will advise an authorized representative of the City that the results were negative.

C. A confirmation analysis after an initial positive result will be conducted in the following manner:

- (1) Whenever a positive result is obtained on initial testing, confirmation testing will be automatically performed. Alternate methods of testing will be utilized in this process. All confirmations shall be by quantitative analysis - Gas Chromatography/Mass Spectrometry (GC/MS).
- (2) Results of confirmation testing will be immediately phoned to the Medical Review Officer, who will immediately phone those results to the authorized representative of the City.

- (3) Generally, results will be available within twenty-four (24) hours of testing. There may be exceptions to this, however. Up to forty-eight (48) hours will be required for confirmations.
- (4) Results of all "positive" testing will be saved in their original state and frozen at -20 C or less for one year, or as otherwise necessary.

XI. ACTION TO BE TAKEN WHEN DRUG TEST IS POSITIVE

A. Pre-Employment Testing

The individual will not be hired for the safety sensitive position if that individual tests positive for the controlled substance(s) covered by these rules and regulations.

B. "Reasonable Cause" Testing

1st positive drug test: Depending upon the infraction that led to the "reasonable cause" testing, disciplinary action, up to and including termination, may be taken. If the employee is not terminated, the employee may be required to participate in City's EAP (See Section VI for conditions and procedures that would apply). Employee will be removed from safety sensitive position until employee tests negative for controlled substances covered by these rules and regulations.

2nd positive drug test: disciplinary action, up to and including termination, will be taken. If employee is not terminated, the employee will be removed from safety sensitive position until employee tests negative for controlled substance(s) covered by these rules and regulations. If employee is not terminated, employee shall be mandated to participate in the City's EAP.

NOTE: The procedures listed above are merely guidelines. Action taken will depend upon the severity of the infraction and whether or not the employee has previously tested positive for drugs or alcohol. Police Officers and Fire Fighters will be subject to termination with the first positive test result obtained in accordance with these rules and regulations.

XI. RETESTS

An employee who does not pass a drug test may request that the original urine specimen be analyzed again. As long as sufficient urine remains for the retest, the City shall grant this request.

The employee requesting a retest must submit a written request within sixty (60) days of the employee's receipt of the test result. The employee may specify retesting by the original laboratory site or by a second site. If the employee elects to have a second site retest the urine

specimen, the Medical Review Officer (MRO) shall select the second site from among those certified by the Department of Health and Human Services.

An employee making a request for a retest may be required to advance the cost of the additional analysis and all costs associated with the transfer of the urine specimen to another laboratory, including shipping and handling. If the retest results in the employee passing the drug test, the City shall reimburse any costs collected from the employee.

In a retest, some of the analytes may deteriorate during storage. The detected levels of the drug may be below the levels established for the initial sample, but shall, as technically appropriate, be reported and considered corroborative of the original positive results.

XI. CONFIDENTIALITY

Laboratory reports or test results shall appear in an employee's personnel file. Information of this nature, however, will be included in a separate confidential medical folder contained within the employee's personnel file. The reports or test results may be disclosed to City management staff on a strictly need-to-know basis and to the tested employee upon request. Disclosures, without patient consent, may also occur when:

- (1) the information is compelled by law or by judicial or administrative process;
- (2) the information has been placed at issue in a formal dispute between the employer and employee;
- (3) the information is to be used in administering an employee benefit plan;
- (4) the information is needed by medical personnel for the diagnosis or treatment of the patient who is unable to authorize disclosure.

XII. EFFECTIVE DATE

The effective date of these rules and regulations is October 30, 1989. However, the several components of the program will be phased in as follows:

- | | |
|---|----------------------|
| (1) Employee Education & Training Program | August - Sept., 1989 |
| (2) Distribution of Policy | October, 1989 |
| (3) Drug Testing under Policy | October 30, 1989 |

(KB. "drugs6")

As a matter of policy, a demotion, rather than a suspension or removal, for disciplinary purposes should be made when the employee renders unsatisfactory service in his position, yet is not so unsatisfactory as to deserve dismissal from the service and gives evidence of ability to perform work satisfactorily in a lower class of positions.

A suspension is a temporary without pay status levied as a penalty for an offense where the cause is not sufficiently grave for dismissal. An employee may be suspended by the appointing power for a period not to exceed 30 days. Any suspension which results in the affected employee having a total suspended time in excess of 30 days during any 12 months period shall constitute a removal, and shall be subject to the usual removal procedure.

The procedure for effecting a demotion or a suspension is set forth under procedure for removals, above.

A reprimand may be issued by the department head or his designated representative to an employee for an offense not serious enough for suspension, removal, or demotion. A reprimand may be given orally or in writing. If the reprimand is issued in writing, a copy shall be forwarded to the Personnel Department for inclusion in the employee's personnel file. As an employee does not suffer loss of pay or status from a reprimand, there shall be no appeal beyond the City Manager in such cases.

SECTION 2105I. Causes of Removal, Suspension, or Demotion. Misconduct, incompetency, and/or inefficiency as used in Section 1110 of the City Charter shall include, but not be limited to, any of the following:

(a) Conviction of a felony or a misdemeanor involving moral turpitude.

(b) Commission of a wanton, unreasonable, or culpably negligent act of brutality or cruelty to an inmate or prisoner of a City institution, or to a person in custody, provided the act committed was not necessarily or lawfully done in self defense, or to protect the lives of others, or to prevent the escape of a person lawfully in custody.

(c) Conduct unbecoming an officer or employee of the City, either on or off duty. In matters of general conduct, officers or employees shall be governed by the ordinary and reasonable rules of behavior observed by law abiding and self respecting citizens, and shall com-

mit no act either on or off duty tending to bring reproach or discredit to the city.

(d) Violation of any lawful official regulation or order, or failure to obey any proper direction made and given by a superior officer.

(e) Reporting for duty, or being on duty under the influence of any intoxicant; or absenting oneself from duty or rendering oneself unfit to perform fully one's duties for reasons attributable to, or produced by indulgence in intoxicants.

(f) Offensive conduct or obscene language in public, or towards the public, city officials, or employees, either on or off duty.

(g) Incompetency or inefficiency in the performance of required duties.

(h) Carelessness or negligence with the moneys or other property of the city, or appropriating to his own use any property of the City, or loaning, selling, or giving away such property without legal authorization.

(i) Using or attempting to use, political influence in securing promotion, leave of absence, transfer, change of rate of pay, or character of work.

(j) Inducing, or attempting to induce, an officer or employee in the service of the City to commit an unlawful act or to act in violation of any lawful departmental or official regulation or order.

(k) Taking for his personal use from any person, a fee, gift, or other valuable thing in connection with the official work, when such gift or other valuable thing is given in the expectation of receiving favored treatment.

(l) Seeking or accepting election, nomination, or appointment, as an officer of a political club or organization, or taking any active part in any municipal political campaign, or contributing thereto in behalf of any candidates, or seeking signatures to any petition seeking to advance the candidacy of any person for any municipal office; attempting, while on or off duty, to influence the vote of another member on duty for or against any candidate for municipal office.

(m) Willfully or corruptly making any false statements, certificates, marks, ratings, or reports, or in any manner committing or attempting any fraud.

APPENDIX B

CUTOFFS OF CONTROLLED SUBSTANCES & ALCOHOL

I. Controlled Substances:

The following initial cutoff levels shall be used when screening specimens initially to determine whether they are negative:

	Initial Level (ng/ml)
Marijuana metabolites	100
Cocaine metabolites	300
Opiate metabolites	300
Phencyclidine	25
Amphetamines	1,000

All specimens indentified as positive on the initial test shall be confirmed using gas chromatography/mass spectrometry techniques at the following cutoff values for each drug:

	Confirmatory Level (ng/ml)
Marijuana metabolite	15
Cocaine metabolite	150
Opiates	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines	
Amphetamine	500
Metamphetamine	500

Because some analytes deteriorate or are lost during storage, quantification for further retests is not subject to specific cutoffs, but must provide data sufficient to confirm the presence of the drug or metabolite.

NOTE: The above list of drugs is not a definitive list in that the policy will apply to all controlled substances, with the cutoff level for controlled substances other than those listed above to be what has been established by the medical profession as a sufficient level for the impairment of performance.

II. Alcohol:

The cutoff levels used for alcohol will be those established by State law.

APPENDIX C

CITY OF SANTA MONICA

AUTHORIZATION TO PERFORM DRUG OR ALCOHOL TEST

TO: _____ DATE _____
(employee name)

FROM: _____
(supervisor name and title)

THE FOLLOWING IS TO BE READ TO THE EMPLOYEE:

You have been observed behaving in a manner which suggests the influence of a controlled substance or alcohol. You are hereby ordered to submit to a drug or alcohol test which may include breath, blood or urine analysis.

The results of the test will be used to determine if any discipline is appropriate under the City of Santa Monica's Anti-Substance Abuse Program, departmental rules or regulations or Santa Monica Municipal Code Section 2105I, "Causes for Suspension, Demotion or Removal."

If you do not pass the drug test, you may request that the original urine specimen be analyzed again. As long as sufficient urine remains for the retest, the City shall grant this request. You must request a written request within sixty (60) days of your receipt of the test result.

You are hereby ordered to submit to the test and to any instructions given by the doctor or medical personnel. You are ordered to sign a release for the test.

ANY REFUSAL TO COOPERATE WITH THIS ORDER WILL BE CONSIDERED IN-SUBORDINATION, AND YOU WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF YOUR EMPLOYMENT.

Do you understand these instructions and your rights to receive a copy of the test result?

EMPLOYEE SIGNATURE:

I understand the instructions and agree to submit to the test

_____ Date _____

WITNESS:

_____ Date _____

URINE CUSTODY AND CONTROL FORM - PART 1 (ORIGINAL TO ACCOMPANY SPECIMEN)

STEP 1 - TO BE COMPLETED BY EMPLOYEE/APPLICANT

Employee I.D. # _____ [PRE-PRINTED I.D. #]
 Social Security No. or Employee No. _____ Employer Name: _____

STEP 2 - TO BE COMPLETED BY EMPLOYER REPRESENTATIVE/OR COLLECTOR

Reason for Test (Check One)
 Pre-Employment Post Accident Random Periodic Medical Other (Specify) _____

STEP 3 - COLLECTOR MUST NOTE THAT TEMPERATURE OF SPECIMEN HAS BEEN READ.
 RECORD IF NOT WITHIN THE RANGE OF 32.5 - 37.7 C/90.5 - 99.8 F: _____ WITHIN RANGE _____

STEP 4 - TO BE INITIATED BY THE PERSON COLLECTING SPECIMEN AND COMPLETED AS NECESSARY THEREAFTER:

Purpose of Change	Released by Signature/Print Name	Received by Signature/Print Name	Date
Provide Specimen for Testing	Donor		

STEP 5 - (TO BE COMPLETED BY EMPLOYEE ON PART 2 NEAR BOTTOM OF FORM)

STEP 6 - BEFORE COMPLETING THIS STEP HAVE EMPLOYEE COMPLETE STEP 5 ON PART 2.
 To be completed by person collecting specimen:

Collector's Name _____ Print (First, M.I., Last) _____ Date of Collection _____

Collection Site _____ Facility Name and Location _____ () _____

Remarks concerning collection: _____

I certify that the specimen identified on this form is the specimen presented to me by the employee providing the certification below, that I have certified that it bears the same identification number as that set forth above, and that it has been collected, labeled and sealed as required by the instructions provided.

 Signature of Collector

STEP 7 - TO BE COMPLETED BY THE LABORATORY: Accession No. _____

I certify that the specimen identified by this accession number is the same specimen that bears the identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable Federal requirements, and that the results attached are for that specimen.

Printed Name _____ Signature _____ Date _____

URINE CUSTODY AND CONTROL FORM - PART 2 (TO MEDICAL REVIEW OFFICER)

STEP 1 - TO BE COMPLETED BY EMPLOYEE/APPLICANT

[PRE-PRINTED I.D. #]

Employee I.D. # _____ Employer Name: _____
 Social Security No. or Employee No. _____

STEP 2 - TO BE COMPLETED BY EMPLOYER REPRESENTATIVE/OR COLLECTOR
 Reason for Test (Check One)

Pre-Employment Post Accident Random Periodic Medical Other (Specify) _____

STEP 3 - COLLECTOR MUST NOTE THAT TEMPERATURE OF SPECIMEN HAS BEEN READ.
 RECORD IF NOT WITHIN THE RANGE OF 32.5 - 37.7 C/90.5 - 99.8 F: _____ WITHIN RANGE _____

STEP 4 - TO BE INITIATED BY THE PERSON COLLECTING SPECIMEN AND COMPLETED AS NECESSARY THEREAFTER:

Purpose of Change	Released by Signature/Print Name	Received by Signature/Print Name	Date
Provide Specimen for Testing	Donor		

STEP 5 - (TO BE COMPLETED BY EMPLOYEE ON PART 2 NEAR BOTTOM OF FORM)

STEP 6 - BEFORE COMPLETING THIS STEP HAVE EMPLOYEE COMPLETE STEP 5 ON PART 2.
 To be completed by person collecting specimen:

Collector's Name _____ Date of Collection _____
Print (First, M.I., Last)

Collection Site _____
Facility Name and Location

Remarks concerning collection: _____

I certify that the specimen identified on this form is the specimen presented to me by the employee providing the certification below, that I have certified that it bears the same identification number as that set forth above, and that it has been collected, labeled and sealed as required by the instructions provided.

 Signature of Collector

STEP 7 - TO BE COMPLETED BY THE LABORATORY: Accession No. _____

I certify that the specimen identified by this accession number is the same specimen that bears the identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable Federal requirements, and that the results attached are for that specimen.

Printed Name _____ Signature _____ Date _____

STEP 5 - TO BE COMPLETED BY EMPLOYEE OR APPLICANT PROVIDING SPECIMEN:

Name _____ Duty Location _____
Last/First/M.I.

Job Title _____ Date of Birth _____

If you wish to have prescription or over-the-counter medications that you may have been administered within the past 30 days considered as your test results are reviewed, you may list them here or provide that information separately to your employers' Medical Review Officer:

I certify that the urine specimen identified on this form is my own; that it is fresh and has not been adulterated in any manner, and that the identification information provided on this form and on the collection bottle is correct. I consent to the submission of this specimen to the certified laboratory designated by my employer to the analysis of the specimen for controlled substances as provided by Federal requirements; and to the release of test results from that analysis to the Medical Review Officer designated by my employer

 Signature

 Date

URINE CUSTODY AND CONTROL FORM - PART 3 (TO EMPLOYEE)

STEP 1 - TO BE COMPLETED BY EMPLOYEE/APPLICANT

Employee I.D. # _____ [PRE-PRINTED I.D. #]
Social Security No. or Employee No. _____ Employer Name: _____

STEP 2 - TO BE COMPLETED BY EMPLOYER REPRESENTATIVE, OR COLLECTOR
Reason for Test (Check One)

Pre-Employment Post Accident Random Periodic Medical Other (Specify) _____

STEP 3 - COLLECTOR MUST NOTE THAT TEMPERATURE OF SPECIMEN HAS BEEN READ.
RECORD IF NOT WITHIN THE RANGE OF 32.5 - 37.7 C/90.5 - 99.8 F: _____ WITHIN RANGE _____

STEP 4 - TO BE INITIATED BY THE PERSON COLLECTING SPECIMEN AND COMPLETED AS NECESSARY THEREAFTER:

Purpose of Change	Released by Signature/Print Name	Received by Signature/Print Name	Date
Provide Specimen for Testing	Donor		

STEP 5 - (TO BE COMPLETED BY EMPLOYEE ON PART 2 NEAR BOTTOM OF FORM)

STEP 6 - BEFORE COMPLETING THIS STEP HAVE EMPLOYEE COMPLETE STEP 5 ON PART 2.
To be completed by person collecting specimen:

Collector's Name _____ Date of Collection _____
Print (First, M.I., Last)

Collection Site _____
Facility Name and Location ()

Remarks concerning collection: _____

I certify that the specimen identified on this form is the specimen presented to me by the employee providing the certification below, that I have certified that it bears the same identification number as that set forth above, and that it has been collected, labeled and sealed as required by instructions provided.

Signature of Collector _____

STEP 7 - TO BE COMPLETED BY THE LABORATORY: Accession No. _____

I certify that the specimen identified by this accession number is the same specimen that bears the identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable Federal requirements, and that the results attached are for that specimen.

Printed Name _____

Signature _____

Date _____

STEP 5 - TO BE COMPLETED BY EMPLOYEE OR APPLICANT PROVIDING SPECIMEN:

Name _____ Duty Location _____
Last/First/M.I.

Job Title _____ Date of Birth _____

If you wish to have prescription or over-the-counter medications that you may have been administered within the past 30 days considered as your test results are reviewed, you may list them here or provide that information separately to your employers' Medical Review Officer:

I certify that the urine specimen identified on this form is my own, that it is fresh and has not been adulterated in any manner, and that the identification information provided on this form and on the collection bottle is correct. I consent to the submission of this specimen to the certified laboratory designated by my employer to the analysis of the specimen for controlled substances as provided by Federal requirements, and to the release of test results from that analysis to the Medical Review Officer designated by my employer.

Signature _____

Date _____

URINE CUSTODY AND CONTROL FORM - PART 5 (TO EMPLOYER)

STEP 1 - TO BE COMPLETED BY EMPLOYEE/APPLICANT

Employee I.D. # _____ [PRE-PRINTED I.D. #]
Social Security No. or Employee No. _____ Employer Name: _____

STEP 2 - TO BE COMPLETED BY EMPLOYER REPRESENTATIVE/ OR COLLECTOR

Reason for Test (Check One)
 Pre-Employment Post Accident Random Periodic Medical Other (Specify) _____

STEP 3 - COLLECTOR MUST NOTE THAT TEMPERATURE OF SPECIMEN HAS BEEN READ.
RECORD IF NOT WITHIN THE RANGE OF 32.5 - 37.7 C/ 90.5 - 99.8 F: _____ WITHIN RANGE _____

STEP 4 - TO BE INITIATED BY THE PERSON COLLECTING SPECIMEN AND COMPLETED AS NECESSARY THEREAFTER:

Purpose of Change	Released by Signature/Print Name	Received by Signature/Print Name	Date
Provide Specimen for Testing	Donor		

STEP 5 - (TO BE COMPLETED BY EMPLOYEE ON PART 2 NEAR BOTTOM OF FORM)

STEP 6 - BEFORE COMPLETING THIS STEP HAVE EMPLOYEE COMPLETE STEP 5 ON PART 2.
To be completed by person collecting specimen:

Collector's Name _____ Print (First, M.I., Last) _____ Date of Collection _____
Collection Site _____ Facility Name and Location _____
Remarks concerning collection: _____

I certify that the specimen identified on this form is the specimen presented to me by the employee providing the certification below, that I have certified that it bears the same identification number as that set forth above, and that it has been collected, labeled and sealed as required by the instructions provided.

Signature of Collector _____

STEP 7 - TO BE COMPLETED BY THE LABORATORY: Accession No. _____

I certify that the specimen identified by this accession number is the same specimen that bears the identification number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable Federal requirements, and that the results attached are for that specimen.

Printed Name _____ Signature _____ Date _____

STEP 5 - TO BE COMPLETED BY EMPLOYEE OR APPLICANT PROVIDING SPECIMEN:

Name _____ Last/First/M.I. _____ Duty Location _____
Job Title _____ Date of Birth _____

I certify that the urine specimen identified on this form is my own; that it is fresh and has not been adulterated in any manner, and that the identification information provided on this form and on the collection bottle is correct. I consent to the submission of this specimen to the certified laboratory designated by my employer to the analysis of the specimen for controlled substances as provided by Federal requirements, and to the release of test results from that analysis to the Medical Review Officer designated by my employer.

Signature _____ Date _____