APPENDIX "B"
Drug and Alcohol Screen Consent Form

I understand* that according to the Plan on Drug and Alcohol Abuse between the ILA and PMTA, I am required to submit to a breathalyzer or one or more specimens of my saliva and/or blood and/or my urine for chemical analysis. I understand that these samples will be collected and will be processed by qualified laboratory personnel in accordance with the Plan. I have received a copy of the Summary of the Plan which sets forth the policy of Drugs and Alcohol of PMTA and the ILA, and I have read and understand the summary.

The purpose of this analysis is to determine or to rule out the presence of alcohol, drugs, prohibited dangerous controlled substances or other substances in my body. I consent freely and voluntarily to this request for specimens of my saliva and/or my blood and/or my urine. I give permission for the release of the results of the analysis of my specimens to the medical testing facilities designated under the industry program and on a "need to know" basis to PMTA and to the ILA or their designees. I also give permission for the release of my file maintained by the PMTA-ILA Welfare Fund to the PMTA-ILA Drug and Alcohol Abuse Committee in the event a grievance is filed by me or on my behalf.

I understand and agree that any and all disputes involving this policy and/or the Plan, including its interpretation or application, as they may pertain to or govern my being tested and the results thereof, shall be resolved solely under the Grievance & Arbitration Procedures as set forth in the Drug and Alcohol Abuse Prevention Program between the parties. I further understand and agree that all resolutions reached on any and all such disputes shall be as final and binding upon me and upon all of the other parties.

I further agree that, in the event that any of the tests shall show a positive result, then, if I am offered and accept the opportunity, I will abide by all of the terms and conditions for treatment and rehabilitation as set forth in the Plan, including post-rehabilitation testing, and that I will execute all forms and authorizations related thereto.

* In the event that the employer or union representative was required to read the form to the individual before he signs it, the representative must so indicate in the space provided for "remarks" on the next page.

I have taken the following prescription or non-prescription drugs within the last 30 days.[†]

Name of Drug	**Condition For Which Taken**	**Prescribing M.D.**

Employer Witness	**Union Witness**	**Employee‡**
Employer Witness Name – Print	Union Witness Name – Print	Employee Name - Print
Employer Witness Signature	Union Witness Signature	Employee Signature
Date_____ Time _____	Date_____ Time _____	
		Date Signed
		Social Security No.

Remarks:§

[†] I hereby authorize any pharmacy or physician providing me with any medication(s), if contacted by the Plan's Medical review Officer (MRO), to discuss with the MRO such medication(s) and its(their) issuance. I hereby release them and their employees from any and all liability to me and to my representatives by reason of any disclosures made to the MRO pursuant to inquiries made under the Plan and in accordance with this Drug and Alcohol Screen Consent Form.

[‡] In the event that the individual to be testing is unable, for whatever reason, to sign this form, even with an "X", the employer or union representative will read it to him and will indicate in the space for "**Remarks**", above, that he read it to him and that the latter acknowledged that he understood and consented to taking his specimens, and both representatives will then sign and date the notation.

In the event that the individual also is unable to understand and to consent (e.g., in great pain, unconscious, etc.), the employer or union representative must note this clearly under "**Remarks**", above, and both representatives will then sign and date the notation.

[§] In the event an individual refuses to complete and sign this form or to be tested, the employer or union representative must advise the individual that a continuing refusal will result in an immediate discharge and a suspension from industry employment for a period of 60 days. If the refusal is a second offense under the program, it will result in a termination of employment in the industry. If the refusal is a third offense under the program, the individual will be advised that a continuing refusal will result in a permanent ban from employment in the industry without further opportunity for reinstatement. The continuing refusal and the giving of the foregoing warning should be noted in the box for "**Remarks**" above. Both representatives should then sign and date the notation.