

ADMINISTRATIVE SAFETY INSPECTION FORM									
DEPARTMENT:			LOCATION:			DATE:			
S = SATISFACTORY			U = UNSATISFACTORY			N = NOT APPLICABLE			
		S	U	N			S	U	N
A	WORK AREAS				C	OFFICE FURNITURE			
1	Adequate Lighting and ventilation.				1	Floor mats for chairs.			
2	Prompt disposal of combustible waste.				2	Chairs in proper working condition.			
3	Plexiglass or shatterproof glass on desktops.				3	Desks in proper working condition			
4	Wall hangings/decorations anchored securely.				4	Work stations in proper working condition.			
5	Condition of floors (carpet or tile).				5	Tables secure and not overloaded.			
6	Aisles clear and free of tripping hazards and obstructions.				6	File cabinets working properly.			
7	Publications and materials safely stacked and stored.				7	Bookcases not overloaded.			
8	Windows and doors operate properly.				8				
9					D	FIRE PREVENTION, EMERGENCY & FIRST AID			
10					1	First aid kit properly stocked and accessible.			
B	WORK PRACTICES				2	Fire extinguishers in working order.			
1	Proper lifting practices.				3	Exit signs, clearly marked.			
2	Stairs climbing properly.				4	Evacuation map posted.			
3	Drawers and doors closed when unattended.				5	First aid instructions posted.			
4	Filing cabinets filled from bottom up, or bolted to wall.				6	Emergency telephone numbers posted.			
5	Chemical information list for department available.				7	Fire doors and exits marked and free of obstructions.			
6	Refrain from "horseplay."				8	No smoking signs posted where required.			
7					9	Observation of posted no smoking signs, if applicable.			
8					10				

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E	ELECTRICAL EQUIPMENT					G	MISCELLANEOUS				
1	Outlets and wall switches in good working condition.					1	Risk Management & Safety Manual accessible.				
2	Safe outlet and extension cord loads.					2	Risk Management & Safety Manual reflects up-to-date revisions.				
3	Extension cords and wires in traffic areas covered.					3	Use of approved ladders and step stools.				
4	Condition of cords and plugs.					4					
5	Machinery secured properly.					5					
6	Working condition of machinery.					6					
7	Heavy load appliances directly connected to outlet.					7					
8	Ventilation for machines.					8					
9						9					
10						10					
F	STORAGE AREAS					11					
1	Materials properly stored.					12					
2	Ventilation of ducts not blocked.					13					
3	Loads properly distributed on storage medium.					14					
4	Flammable materials properly stored.					15					
5						16					

**PARKS & RECREATION
MONTHLY SAFETY INSPECTION REPORT**

COMMENTS:

REPAIRS BY PARK STAFF:

REQUESTED MAINTENANCE:

INSPECTOR'S SIGNATURE/DATE

ELECTED OFFICIAL DEPART. HEAD'S SIGNATURE

PARKS & RECREATION MONTHLY SAFETY INSPECTION REPORT

Prepare in Triplicate: 1 – Park Manager; 1 – Chief, Parks & Grounds; 1 – County Safety Officer

CODES: (S) Satisfactory – Good working condition.
 (N) Needs Repair – Poor appearance/operation – needs correcting in timely manner.
 (H) Hazard – Potential safety hazard – requires **immediate** correction.

FACILITY:							
MONTH/YEAR:							
INSPECTION AREA(S)	S	N	H	INSPECTION AREA(S)	S	N	H
PLAYGROUND(S)				OUTDOOR FACILITIES			
Play Equipment				Roads/Parking Lots			
Swings				Lights			
Slides				Trails/Walkways			
Benches				Split Rail Fence			
Sand Area/Benches				Pavilions			
BASEBALL FIELD(S)				Picnic Tables			
Bases				Grills			
Backstops/Fences				Bridges			
Dugouts				Ticket Booth			
Bleachers				Gates			
Lights				Fitness Trail			
Sprinkler Heads				VEHICLES/TOOLS			
FOOTBALL FIELD(S) (In Season)				Safety Guards			
Goals/Fences				Storage Guards			
Bleachers				Cart			
Benches				Truck			
Sprinklers Heads				First Aid Kit			
Press Box				Flood/Flash Lights			
Lights				Power/Hand Tools			
SOCCER FIELD(S) (In Season)				Fire Extinguishers			
Goals/Fences				MISCELLANEOUS			
Bleachers							
Benches							
Sprinklers							
Lights							

NOTICE OF SAFETY VIOLATION

TO: _____

FROM: _____

SUBJECT: _____

The following safety regulations violation(s) has/have been observed:

OBSERVED:

PLACE:

TIME:

PERSONS CONCERNED:

NATURE OF VIOLATION:

REFERENCE:

REMARKS/CORRECTIVE ACTION:

Signature

Date

- Copies to: 1. Elected official or Department Head
2. County Safety Officer

**APPLICATION TO DRIVE MONTGOMERY COUNTY GOVERNMENT VEHICLE
(Please PRINT Information)**

NAME (FIRST MIDDLE LAST): _____

ADDRESS: _____

DOES YOUR JOB DESCRIPTION REQUIRE A COMMERCIAL DRIVERS LICENSE (CDL)?:
 Yes No

DRIVERS LICENSE NO. & CLASS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

DEPARTMENT: _____

Upon approval of this application will be responsible of the following:

1. Abide by all state and County laws and regulations.
2. Liable for any violations occurring during the period the vehicle is in the employee's custody.
3. Notify immediate supervisor of any accident/incident/violation or conviction accumulated on the employee's driving record.
4. Driver responsible for maintenance and safe operation of vehicle.

NON-COMPLIANCE WITH THIS POLICY MAY RESULT IN DISCIPLINARY ACTION IN ACCORDANCE WITH THE COUNTY'S PERSONNEL POLICIES AND PROCEDURES.

I hereby give permission to Montgomery County Government to verify my driving record on and annual basis. I further understand the terms and conditions as set forth in the above application.

EMPLOYEE'S
SIGNATURE: _____ DATE: _____

VEHICLE ORIENTATION ACKNOWLEDGEMENT

DATE OF ATTENDANCE: _____

NAME OF INSTRUCTOR: _____

I acknowledge the fact that I have received and understand the Montgomery County Government Safety Manual, Chapter 9, CDL Policy.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

APPROVED to drive County Vehicles/Equipment in accordance with Class of Tennessee License.

INSTRUCTOR'S SIGNATURE : _____ DATE: _____

VEHICLE ACCIDENT REPORTING PROCEDURES

- 1) Following any accident that occurs while driving a county-owned vehicle, drivers are required to notify local police and request that they respond to the scene.
- 2) If a driver alleges an injury and is unable to call, his immediate supervisor will be responsible for making the call and completing accident reports.
- 3) An individual of supervisory capacity shall phone the Human Resources Department at (931) 648-5715 or (931) 624-7101.
 - a) Identify yourself as an employee of Montgomery County Government.
Explain that you are calling to report an alleged personal injury from an automobile claim.
 - b) See: *Section 9.11 A-5
- 4) The Human Resources Department shall be informed of **serious** personal injury accidents **immediately** and all other personal injury accidents within 24 hours. The Safety Officer shall be informed of property damage accidents within 48 hours. Vehicle Accident Reports are to be forwarded to the Human Resource Department within 3 business days.

Montgomery County Government
1 Millennium Plaza, Suite 111
Clarksville, TN 37040
Phone: 931-648-5715

ACCIDENT/INCIDENT REPORT

WITNESS STATEMENT

Witness Name: _____ Date: _____

Department: _____

Home Address: _____

Home Phone No.: _____

Injured Employee's Name _____

Date of Accident: _____

Witness Statement as to how the accident occurred including precisely what he/she observed and did:

Witness Signature _____

Yellow – Supervisor

Blue – Employee

Green - Witness

**MONTGOMERY COUNTY GOVERNMENT, SAFETY DIVISION
 1 MILLENNIUM PLAZA, SUITE 111, CLARKSVILLE, TN 37040
 Telephone Number: (931) 648-5715 Fax Number: 920-1816**

CHOICE OF PHYSICIAN AGREEMENT BETWEEN EMPLOYER/EMPLOYEE

In compliance with the Montgomery On-the-Job Injury Program, the injured employee shall accept the Medical benefits afforded hereunder, the employer shall designate a reputable physician(s) or surgeon(s) not associated together in practice, if available in that community, from which the injured employee shall have the privilege of selecting the operating surgeon or the attending physician; and, provided further, that the liability of the employer for such services rendered the employee shall be limited to such charges as prevail for similar treatment in the community where the injured employee resides. The listing below of physicians or surgeons may include doctors of chiropractic within the scope of their licenses.

Gateway Occupational Medicine
 1731 Memorial Drive, Suite 203
 Clarksville, TN 37043
 931-551-1507

Premier Medical Group
 2831 Wilma Rudolph Blvd.
 Clarksville, TN 37043
 931/552-9966

The injured employee must submit himself to the examination by the employer's physician at all reasonable times if requested to do so by employer, but the employee shall have the right to have the employee's own physician present at such examination, in which case the employee shall be liable to such physician for such physician's services. If the injured employee refuses to comply with any reasonable request for examination or to accept the medical or specialized medical services which the employer is required to furnish under the provisions of the On-the-Job Injury Program, such injured employee's right to compensation shall be suspended and no compensation shall be due and payable while such injured employee continues such refusal."

According to the provisions of this agreement, I hereby have selected the following physician from the list provided to me by my employer.

Physician chosen: _____ Date of Injury: _____
 Date of Selection: _____ Date of Appointment: _____

Employer's Name	Employee's Name
Street Address	Street Address
City State Zip	City State Zip
Telephone Number	Telephone Number
Employer's Signature	Employee's Signature

Received list of Panel of Physicians: _____ Date: _____

Physician other than Primary chosen from Panel of Physicians list: _____

Montgomery County Report of Injury Form

Name: _____ **Sex:** M F **Marital Status:** Single Married

DOB: _____ **Race:** _____ **SSN:** _____

Address: _____ **Phone:** _____

Department: _____ **Job title:** _____ **Hourly Rate:** _____

Work Phone: _____ **Supervisor:** _____

Date of Incident: _____ **Date Reported:** _____ **Time Reported:** _____

Name of physician chosen (from Panel): _____

Witnesses: #1 Name: _____ **Address:** _____ **Phone:** _____

#2 Name: _____ **Address:** _____ **Phone:** _____

Length of Employment:

- Less than 1 month
- 1-5 months
- 6 mos. To 5 yrs.
- More than 5 yrs.

Accident Location:

On Employer's Premises:

- YES
- NO

Job Classification:

- Full Time Temporary
- Part Time Seasonal

Time of the injury:

- A. ____:____AM ____:____PM B. Time Within Shift ____th hour C. straight shift rotating shift D. 1st Shift 2nd Shift 3rd Shift

Severity of Injury

- Fatality
- Lost Workdays
- Restricted Activity
- Medical Treatment
- First Aid
- Other: _____

Phase of Employee's Workday at Time of Injury:

- During rest period
- During meal period
- Working overtime
- Entering or leaving workplace
- Performing work duties
- Other: _____

Task and Activity at time of accident:

General Task: _____

Specific Activity: _____

Supervision at time of Accident:

- Directly Supervised
- Indirectly Supervised
- Not supervised

Employee Was Working:

- Alone
- With others
- Other: _____

Type of injury: _____ **Body Part:** _____

What caused the injury? _____

Were safety requirements followed? _____

- Equipment Used** Safety Glasses Respirator Hard Hat Safety Shoes Gloves
- Body Harness Safety Vest Other _____

What happened and list steps taken to prevent reoccurrence:

I understand and agree that if benefits are paid by Montgomery County Government for an on the job injury , and the injury was due to the actions of a third party, the county has a right to a claim against the third party for the reimbursement of those benefits only. This in no way prohibits the employee from any recovery as a result of an injury inflicted by a third party to which he or she is legally entitled. I also acknowledge the information contained on this form is true and correct to the best of my ability.

Employee Signature: _____ Date _____

Prepared by:

Supervisor: _____
Print Name

Signature _____

Title: _____

Date: _____

Approved by:

Department Head: _____
Print Name

Signature _____

Title: _____

Date: _____

Additional information to be considered:

SUBJECT: SAFETY SHOES

1.0 PURPOSE

- 1.1 In order to create a professional image and to facilitate employees' working conditions, Montgomery County employees, full-time and seasonal, are provided, at no cost, safety shoes per their job requirement.**

2.0 POLICY

- 2.1 Each employee having job requirements that require safety shoes will be issued one (1) pair per year as needed via the current shoe contract.**

3.0 PROCEDURE

- 3.1 It is the responsibility of each employee to maintain and care for his/her own safety shoes.**
- 3.2 Safety shoes may be purchased in three styles that meet the OSHA requirements in accordance with section 4.0 below, low quarter, 6" high top, 8" high top, laced style. No pull on boots, tennis shoes, athletic type shoes, etc.**
- 3.3 Old safety shoes will be turned in to the Elected Official/Department Head.**
- 3.4 Safety shoes must be maintained in good working condition at all times, no rips, tears, missing soles, heels, laces, etc.**

4.0 OSHA REQUIREMENTS

- 4.1 For female/male shoes**

American National Standards Institute Z41 PT 91

**MONTGOMERY COUNTY GOVERNMENT, SAFETY DIVISION
1 MILLENNIUM PLAZA, SUITE 111, CLARKSVILLE, TN 37040
Telephone Number: (931) 648-5715 Fax Number: 920-1816**

**GENERAL LIABILITY ACCIDENT REPORT
(PROPERTY LOSS)**

Loss/Occurrence
Report Number

Date of Loss ___/___/___

Time of Loss _____AM ___PM ___

Department _____

Contact:

- Department Supervisor
- The Following:

Name and Address	
Business Phone (No.& Ext.)	Fax Number
() _____	() _____

Location of Loss:

Kind of Loss: Fire Theft Lightning Hail Flood Wind Other (Explain)

Description of Loss Damage (Use separate sheet if necessary)

Remarks

Reported By: _____ Title: _____ Department: _____

EMPLOYEE'S SAFETY TRAINING RECORD

EMPLOYEE'S NAME: _____

EMPLOYEE'S DEPARTMENT: _____

DATE OF TRAINING: _____

INSTRUCTOR'S NAME: _____

SUBJECT: _____

I ACKNOWLEDGE THE FACT THAT I HAVE RECEIVED:

Employee's Signature

Date

EMPLOYEE'S SAFETY TRAINING RECORD

EMPLOYEE'S NAME: _____

EMPLOYEE'S DEPARTMENT: _____

DATE OF TRAINING: _____

INSTRUCTOR'S NAME: _____

SUBJECT: _____

I ACKNOWLEDGE THE FACT THAT I HAVE RECEIVED:

Employee's Signature

Date

MONTGOMERY COUNTY GOVERNMENT

FACILITY SAFETY INSPECTION CHECKLIST

Building	Date					Inspector
GENERAL FACILITY EVALUATION						
	EXCELLENT	ABOVER AVG.	AVERAGE	FAIR	POOR	
A. Housekeeping/Order	_____	_____	_____	_____	_____	
B. Fire Protection/Control	_____	_____	_____	_____	_____	
C. Life Safety	_____	_____	_____	_____	_____	
D. Mech./Elec.	_____	_____	_____	_____	_____	
E. Accident Prevention	_____	_____	_____	_____	_____	

A. HOUSEKEEPING/ORDER

	YES	NO	COMMENT
1. Is combustible waste removed sufficiently?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are walkways kept free of obstructions, oil and standing water?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are the following areas kept free of rubbish, waste paper, old furniture, misc. storage?	<input type="checkbox"/>	<input type="checkbox"/>	_____
a) Basement, utility, boiler, and janitorial rooms?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Elevator control rooms and pits?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Kitchens?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) Offices and public areas?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) Loading docks?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are oily and solvent rags kept in appropriate metal receptacles?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are all closets free of oily mops and misc. flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. FIRE PROTECTION AND CONTROL

1. Are fire alarm pull stations unclogged and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are smoke detectors operational?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are all control panels operational?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are doors to alarm control panels, sprinkler valves, etc., locked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is sprinkler system fully pressurized?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Is sprinkler main control valve secured in the open position?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are all sprinkler heads free of obstruction by high piled storage, partitions or lights?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are any fire dept. connections/post indicator valves accessible, free from defects and visible?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are stairwell standpipe fire dept. connections in closed positions, tightly capped and appropriately safety wired?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. In standpipe hose closets:			
a) Are hoses dry and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Are nozzles on tight and in the closed position?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Are door handles tight and operable?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Are any special automatic fire extinguishing systems properly charged and powered?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Are all portable fire extinguishers fully charged, accessible, and tagged with the inspection record?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Are flammable liquids:			
a) Identified and do they carry appropriate warning labels?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Dispensed from approved safety cans or drums?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Stored in areas that are not confined, away from electrical motors and other ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Are all the buildings lightning rod system components in order?	<input type="checkbox"/>	<input type="checkbox"/>	_____

C. LIFE SAFETY

- 1. Are all exit lamps on and glass intact? _____
- 2. Are exit way (corridors, ramps, stairwells) free and unobstructed from all parts of the building? _____
- 3. Are all emergency lighting systems operable? _____
- 4. Are fire doors free from any blockage or obstruction? _____
- 5. Are all hardware apparatus (holdbacks, coordinating hardware special signage) in working order? _____
- 6. Do all stairwells or other fire doors automatically close tightly? _____

D. MECHANICAL/ELECTRICAL

- 1. Are all exposed motors kept clean, and adequately ventilated to reduce overheating? _____
- 2. Are HVAC filters sufficiently clean to assure good ventilation? _____
- 3. Are exposed belts, pulleys and other rotating machinery parts property segregated and guarded? _____
- 4. On use and storage of compressed gas cylinders:
 - a) Are cylinders secured to prevent falling? _____
 - b) Is oxygen separated from flammable gas by at least 20 ft or a fire wall? _____
 - c) Are safety caps in place when cylinders are not in use? _____
 - d) Are contents clearly identified on each cylinder? _____
- 5. Are all guard rails in good repair? _____
- 6. Are doors to all utility rooms locked at all times? _____
- 7. Are work spaces around electrical boxes, circuit breakers and control panels clear and accessible? _____
- 8. Is overloading of electrical circuits with octopus-type extensions avoided? _____
- 9. Are extension cords protected from damage (no cords under rugs or wedged by furniture, pinched by doors or near heat sources)? _____
- 10. Are all wall receptacles and switches covered with plates? _____
- 11. Are the microwave ovens free from any microwave radiation leakage? _____

E. ACCIDENT PREVENTION

- 1. Are walkways kept free of obstructions, oil and standing water? _____
- 2. Is there adequate lighting in undercover areas (parking decks or work areas). _____
- 3. Are handrails and treads secured on ramps and stairways? _____
- 4. Are "NO SMOKING" areas prominently posted with appropriate safety signage? _____
- 5. Are all first aid kits fully stocked, kept clean and mounted in readily visible locations? _____
- 6. Is personal protective equipment (PPE) supplied, maintained in a sanitary condition and used where necessary? (gloves, safety glasses, etc.) _____
- 7. Are major first aid equipment (gas masks, wheelchairs, stretchers, etc.) in their proper place and maintained. _____
- 8. Are all potentially injurious substances clearly labeled with precautionary (Danger, Warning, Poison, etc.) information? _____

BEHAVIOR AND JOB PERFORMANCE “WARNING SIGNS”

Job behavior and work performance should be the concern of every supervisor. Expert knowledge about abuse of controlled substances or abused drugs is not necessary, but supervisors should remain alert to changes from the normal work pattern and/or behavior of an employee.

Listed below are various “symptoms” that usually appear on the job, indicating some consequences of substance abuse. These warning signs can appear singularly or in combination, and may signify problems other than substance abuse. For example, alcoholism, diabetes, high blood pressure, thyroid disease, psychiatric disorders, emotional problems and certain heart conditions all share some of the same signs. Therefore, it’s important to remember that unusual or odd behavior may not be connected in any way with alcohol or drug abuse. The role of the supervisor is to recognize and document changes without making any moral judgment or taking the position of counselor or diagnostician.

Signs of Deteriorating Job Performance

Weariness, exhaustion	Argumentative	Higher than average accident rate on the job
Unusual untidiness	Exaggerated Sense of self importance	Inconsistency in quality of work
Yawning excessively	Displays violent behavior	High/low periods of productivity
Blank stare	Avoids talking with supervisor regarding work	Poor judgment/more mistakes than usual and general carelessness
Slurred speech	Absenteeism	Lapses in concentration
Unsteady walk	Acceleration of absenteeism and tardiness, especially Mondays, Fridays, and before/after holidays	Difficulty in recalling instructions
Sunglasses worn at inappropriate times	Frequent unreported absences, later explained as emergencies	Difficulty in remembering own work/missing deadlines
Unusual effort to cover arms	Unusually high incidence of colds, flu, upset stomach headaches	Using more time to complete work/missing deadlines
Changes in appearance after lunch or break	Frequent use of unscheduled vacation time	Increased difficulty in handling complex situations
Appears to be depressed all the time or extremely anxious all the time	Leaving work area more than necessary (e.g. frequent trips to water fountain)	Over-reaction to real or imagined criticism
Irritable	Requesting to leave work early	Avoiding and withdrawing from peers
Suspicious	Taking of needless risks	Complaints from co-workers
Emotional unsteadiness (e.g., outbursts of crying)		Borrowing money from employees
Mood changes after lunch		Complaints of problems at home, such as separation, divorce and child discipline problems
Withdrawn or improperly talkative		Persistent transfer request
Spends excessive amount of time on telephone		Accidents
Disregard for safety of the of others		

**MONTGOMERY COUNTY, TENNESSEE
EMPLOYEE CONSENT FOR DRUG AND ALCOHOL SCREENING TEST**

TO: _____
(Print Employee's Name)

FROM: _____
(Print Supervisor's Name)

You hereby notified that, it has been determined that a reasonable suspicion exists to conclude that you are impaired from the use of a substance in violation of the Risk Management and Safety Manual and the Personnel Policy and Procedures Manual. Therefore, you are being placed on administrative leave with Montgomery County Government until further notice.

You are also notified that:

1. I am ordering that you submit to a blood and/or urine test to determine the presence of alcohol and/or a controlled dangerous substance in your blood system; and,
2. Failure to obey this order will result in disciplinary action against you, including the possibility of the termination of your employment with the Montgomery County government, for insubordination; and,
3. If you submit to the test for alcohol and/or drugs, the test will be conducted by a certified laboratory and a split sample of any specimen you give will be maintained by the laboratory for your use in obtaining an independent test, at your expense; and,
4. The results of the test may be used against you in any disciplinary action taken as a result of a violation of county Policy.

EMPLOYEE CONSENT

I, _____, have read and understand this order for alcohol/drug testing and hereby grant my permission for Montgomery County to arrange to collect a blood and/or urine specimen from me and to have the specimen(s) tested to determine the presence of alcohol and/or drugs. Further, I consent to the release of any test results to my Department/Agency head or the Personnel Director for their use in reviewing any proposed disciplinary action against me.

Employee's Signature

Time/Date

Witnessed by Supervisor

