

# ATTACHMENT 1

## Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the BrandSafway LLC drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorize and consent to disclosure by BrandSafway LLC and its agents, including, but not limited to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of BrandSafway LLC and its authorized agents, assigns, or representatives.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Last 4

\*\*\* This consent form is for release of NON-DOT tests. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements of a specific client\*\*\*