

ATTACHMENT 1

Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the BRANDSAFWAY LLC-PASADENA 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-PASADENA 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-PASADENA and its authorized agents, assigns, or representatives.

Employee Signature

Date

Employee Printed Name

*** 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***