

ATTACHMENT 1

Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the Lewis Fire Protection 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 Lewis Fire Protection, LLC and its agents, including, but not limit to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of Lewis Fire Protection, LLC and its authorized agents, assigns or representatives.

Employee Signature

Date

Employee Printed Name