Naslund Disposal Services, Inc.

I certify that I have received a copy of, and have read, the above _____ policy on alcohol and drug testing procedures.

I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures.

If I develop a problem with alcohol or drug abuse during my employment with ____ **Nashnd Disposal Services, Inc.** will seek assistance through the current alcohol and drug testing program administrator.

Signature Dutt Vuries

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of NASLUND DISP. (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

[Important note for the company [omit this from any consent form!]: Remember, "involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits. See the sample drug/alcohol testing policy for an idea on how to reflect that caution in the policy.]

Butt Junia 1-5-07
Signature of Employee Date

Employee's Name - Printed

APPENDIX B

DRIVER NOTIFICATION LETTER

BRETT JURRIES

Naslund Disposal Service

I certify that I have received a copy of, and have read the above _______ policy on alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a program with alcohol or drug abuse during my employment with Naslund. I will seek assistance through the current alcohol and drug testing program administrator.

S-9-03

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

[Important note for the company [omit this from any consent form!]: Remember, "involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits. See the sample drug/alcohol testing policy for an idea on how to reflect that caution in the policy.]

Signature of Employee Date

Émployee's Name - Printed

APPENDIX B

DRIVER NOTIFICATION LETTER

MIKE CONE

Mbe Cone 8-8-03

l certify that I have received a copy of, and have read the above ______ policy on alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a program with alcohol or drug abuse during my employment with Naslund ____ I will seek assistance through the current alcohol and drug testing program administrator.

Nashund Disposal Services, Inc.

certify that I have received a copy of, and have read, the above policy on alcohol nd drug testing procedures.
understand that as a condition of employment as a driver I must comply with these guidelines, and to agree that I will remain medically qualified by following these procedures. Nashnd Disposal Services, Inc.
f I develop a problem with alcohol or drug abuse during my employment with, I will seek assistance through the current alcohol and drug testing program administrator.
Signature Jen Fill
Date Signed 10 - 27 - 16

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of
I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration of analysis of the test or the reporting of the results. I will further hold harmless the Company, its company

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

[Important note for the company [omit this from any consent form!]: Remember, "involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits. See the sample drug/alcohol testing policy for an idea on how to reflect that caution in the policy.]

Signature of Employee Date

Jerry Fullere
Employee's Name - Printed

above.

APPENDIX B

DRIVER NOTIFICATION LETTER

JERRY FULLER

Naslund Disposal Service I certify that I have received a copy of, and have read the above ________ policy on alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a program with alcohol or drug abuse during my employment with Naslund ___ I will seek assistance through the current alcohol and drug testing program administrator.

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Pepsie TA County
19600 S Figueroa
Carson Ca.
1989-1990

Naslund Disposal Services, Inc.

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I understand that as a condition of employment as a driver I n do agree that I will remain medically qualified by following t	2 5	-	
If I develop a problem with alcohol or drug abuse during my will seek assistance through the current alcohol and drug testi	_		
Signature Mrs Market			
Date Signed VCY 27 2016			