ALEXANDER COUNTY DRUG TEST CONSENT FORM
N.C. CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT

In accordance with Alexander County policies, you are required to submit to **post-accident** or **post-injury** controlled substance and alcohol tests. In accordance with 13NCAC 20.0401, this notice explains your rights and responsibilities under the N.C. Controlled Substance Examination Regulation Act (CSERA) and the corresponding administrative rules, Title 13, Chapter 20 of the N.C. Administrative Code, as amended.

- If you refuse the tests, your employment will be in jeopardy.
- An approved testing authority must perform testing of samples.
- You can request a "re-test" of a positive sample. Retests must be on the same sample and any expense must be paid for by you, the employee.
- You can file a complaint with the N.C. Department of Labor – Wage and Hour Bureau at 1-800-NC-LABOR if you believe procedural requirements of CSERA were violated. NCDOL has no jurisdiction regarding an employer's requirement for controlled substance testing or its decisions regarding controlled substance testing results.
- Employees must complete the tests within the following timeframes: eight (8) hours for alcohol and 32 hours for controlled substance. This form should be signed by a supervisor, as circumstances permit, and presented to the testing facility prior to the test.

By signing below, I consent to the test and acknowledge the following: (1) Pursuant to County policy, I am required to submit a sample sufficient for testing to determine whether I have unlawfully used a controlled substance or exceeded the alcohol concentration set forth in the Substance Abuse Policy. (2) Testing procedures shall follow the Code of Federal Regulations, specifically, 49 CFR Part 40, as amended. (3) I was informed of the purpose and given an opportunity to ask questions about the tests and substances to be screened. (4) Failure to submit the required sample and/or refusal to follow procedure as outlined herein will result in termination of my employment.

_____	_____	_____
Employee's Printed Name	Employee's Signature	Date & Time
_____	_____	_____
Supervisor/Department Head	Title	Date & Time
_____	_____	_____
Substance Testing Authority	Signature of Representative	Date & Time

Approved Testing Facilities:
9am-9pm: Urgent Care of Mountain View - Taylorsville
9pm to 9am: Closest Hospital

Testing Facility - please send confidential results to: Alexander County Human Resources
Fax: (828) 809-0005