

HENSEL PHELPS CONSTRUCTION CO.

SUBSTANCE ABUSE POLICY

IMPLEMENTATION PROCEDURES FOR HPCC SUBSTANCE ABUSE POLICY

A. SCOPE

These procedures provide a uniform system for implementing the Hensel Phelps Construction Co. (HPCC) Substance Abuse Policy (see Substance Abuse Policy, Attachment "A"). These procedures are applicable to all employees and job applicants that are not prohibited from inclusion in the program by a collective bargaining agreement, or other laws, codes, or ordinances.

B. PURPOSE

The purpose of implementing the Substance Abuse Policy is to facilitate the creation of a safe, healthful, and efficient workplace.

C. RESPONSIBILITY

The district managers managing the individual district offices will be responsible for implementation of the Substance Abuse Policy in their respective district offices. It is the joint responsibility of the project manager and project superintendent to ensure that the Substance Abuse Policy is properly implemented and maintained on their respective project(s).

1. The project manager has the primary responsibility to ensure that all project salaried clerical, administrative, and supervisory personnel are handled in accordance with these procedures and the Substance Abuse Policy.
2. The project superintendent has the primary responsibility to ensure that all project hourly crafts persons and other personnel not described in C.1 are handled in accordance with these procedures and the Substance Abuse Policy.

D. NOTIFICATION OF EMPLOYEES AND PRE-EMPLOYMENT APPLICANTS

The management persons described in paragraph C must ensure the personnel and/or persons for whom they are directly responsible are fully informed of the HPCC Substance Abuse Policy and how it is implemented. All pre-employment applicants shall be informed of the HPCC Substance Abuse Policy and testing requirements during the application process.

E. TESTING

Urine testing and/or breathalyzer testing are the established methods of substance abuse testing. If, in the opinion of the designated HPCC's treating physician, a blood test would be a more desirable method of specimen collection from a particular individual due to a peculiar circumstance, a blood test will be used. The following categories of employees and non-employees will be tested for substance abuse in the following ways:

1. Applicants

Prior to assuming any job, an applicant will be tested for substance abuse. Refusal to submit to such testing will make it impossible to evaluate an applicant, foreclosing any further action on his or her employment application. The application process will be terminated for any applicant who tests positive for a prohibited substance as set forth in the Company's Substance Abuse Policy. Testing shall not be required for any applicant who has been employed by the Company within 90 days of the date of application, and/or who has successfully completed substance abuse screening during the 90-day period preceding the application date.

2. Employees

Existing employees will be substance abuse tested in accordance with the circumstances described in the paragraphs 3-6 below.

3. Union Employees and Applicants

Notwithstanding any provisions in the Company Substance Abuse Policy and Procedures to the contrary, employees and applicants for employment who are members of a labor union whose collective bargaining agreement or project agreement is applicable to the employee's or applicant's employment by the Company shall be tested for substance abuse in accordance with the substance abuse testing provisions of the applicable collective bargaining agreement.

4. Reasonable Cause Testing

When there is reasonable evidence to suggest any employee has reported to work, or otherwise engaged in conduct in violation of the policy, he or she will be subject to substance abuse testing. Reasonable cause testing must be authorized by the responsible district manager, or Corporate Counsel, before any such testing will be done.

5. Post-Accident/Incident

Post-accident substance abuse testing will be conducted following all occupational related injuries requiring transportation to a medical facility for treatment, or following all serious or potentially serious accidents, or incidents involving damage to Company property while in use in the performance of Company work, or a "near miss" type accident, including, but not limited to, incidents involving vehicles and other equipment. All persons involved in such an accident or incident shall be tested for substance abuse. The project manager and project superintendent shall determine, according to the division of responsibility set forth in Section C above, which persons will be required to submit to post-accident/incident testing. A post-accident/incident testing specimen required for the test shall be collected immediately after the accident or incident.

6. Jobsite Testing

To endeavor to prevent substance abuse throughout the course of the Company's projects, on a periodic basis one or more of the Company's projects shall be selected for substance abuse testing, which shall include testing of salaried and hourly Company employees employed at the project on the date of the test, and salaried and hourly employees of all subcontractors employed at the site on the date of the test, unless such testing is not allowed by the applicable subcontract or collective bargaining agreements.

F. PROCEDURE FOR PRE-EMPLOYMENT, JOBSITE, AND REASONABLE CAUSE TESTING

1. The applicant and/or employee must completely read the Hensel Phelps Construction Co. Substance Abuse Policy (Attachment "A").
2. After reading the Company Substance Abuse Policy, the applicant or employee must execute completely the Consent to Substance Abuse Screening Tests and Release and Authorization for Release of Drug Test Information, attached as Attachment "B". If the test involves a current employee, confirm that a current consent form is on file. If no current consent form is on file, one must be executed prior to testing. ALL APPLICANTS AND CURRENT EMPLOYEES MUST SIGN THIS FORM BEFORE THEY ARE SENT FOR A TEST.
3. After the person to be tested has completed the consent form, the HPCC Request Form must be completed (see Attachment "C"). The HPCC Request Form is then attached to the current Chain of Custody Form (see Attachment "D").

4. Also after the Hensel Phelps Construction Co.'s form has been completed, the information for the substance abuse test to be taken must be recorded on the "Physical Exam/Substance Abuse Screen Log" (see Attachment "E").

- a. Assign each applicant or employee the Specimen Identification Number that is preprinted in the top right hand corner of the Chain of Custody Form (see Attachment "D"). It is very important that this number be correctly copied from the Chain of Custody Form onto our log in Attachment "E," since this will be one of the key identifiers for test results reported by the lab. The Specimen Identification Number is used to ensure confidentiality of test results.

After the HPCC's Request Form has been completed, the individual to be tested shall be sent to the designated specimen collection facility with the HPCC Request Form and the attached Chain of Custody Form.

These forms shall be delivered by the individual to be tested to the personnel at the collection site who will be responsible for completing the Chain of Custody Form, having the individual to be tested complete sections 1 and 2 of that form, and sending the forms and the specimen to the drug testing laboratory.

G. PROCEDURE FOR POST-ACCIDENT/INCIDENT TESTING

Following the accident or incident, the project manager and project superintendent shall determine, according to the division of responsibility set forth in Section C above, which persons will be required to submit to post-accident/incident testing.

1. Each employee designated for testing who has not executed a Consent to Substance Abuse Screening Tests, Release and Authorization for Release of Drug Test Information (see Attachment "B"), within the past year prior to the date of the accident or incident, or has not signed a consent form which is valid as long as employed by the Company prior to the date of the accident or incident (whichever applies), shall execute the consent form.
2. The HPCC Request Form (see Attachment "C") for the substance abuse test shall be filled out as indicated in Section (F)(2).
3. The information for the tests to be performed shall be recorded in the "Physical Exam/Substance Abuse Screen Log" (see Attachment "E").
 - a. Assign each injured employee or employee involved in an accident/incident the Specimen Identification Number that is preprinted in the top right hand corner (as well as the bar code on the removable stickers) of the Chain of Custody Form (see Attachment "D"). It is very important that this number be correctly copied onto our log in Attachment "E," since this number will be one of the key identifiers for test results reported by the lab.

The removable stickers at the top of the Chain of Custody Form that have the Identification Number printed on them are to be removed and placed on the sample by the collection facility.

4. After the HPCC Request Form has been completed, the individuals to be tested shall be transported to and from the designated specimen collection facility, accompanied by either the project superintendent, or a supervisory employee designated by the project superintendent. If medical treatment is required as a result of an accident, the collection can be performed at the treating clinic instead of the collection facility. No employees being tested shall be allowed to drive to or from the collection facility. Post-accident testing kits must be taken to the collection facility for the number of people to be tested. In addition, for each employee to be tested, the HPCC Request Form and attached Chain of Custody Form must be delivered to the personnel at the collection site conducting the

testing. Testing must be conducted as soon as reasonably possible following the accident or incident in question. Time is of the essence in post-accident/incident sample collection.

5. Each employee who has been directed to submit to post-accident/incident testing shall provide a urine, breath, and/or blood sample(s), as directed by the treating physician, with urine and breath testing preferred. The sample shall be submitted to the lab by the collection facility. The lab shall conduct a test for all prohibited substances.

H TEST RESULTS

The test results will be transmitted via computer modem, directly from the drug testing management firm that works with the lab, to assigned computers in the district offices.

1. Most negative test results should print out in the afternoon of the day after the specimen was taken. Positive confirmations will take longer (up to three (3) days). Some negative tests may also take longer than 24 hours to report, pending completion of confirmation tests and procedures.
2. Before the issuance of a positive test report, a Medical Review Officer ("MRO") will evaluate and confirm the results. As a part of this process for each initial positive test, the MRO representative may contact the jobsite or responsible Company office to obtain the individual's name and phone number. The MRO will then contact the individual to obtain any relevant prescription medication information and other relevant information. The MRO will then investigate any information provided, including whether the person was legitimately taking prescribed medication, and make a final determination concerning the test.
3. The Hensel Phelps Construction Co. district offices will transmit the test result data to the respective jobs in that district by telephone as soon as possible following receipt. A designated responsible person or persons must be maintained at the district offices to receive the laboratory test results, and transmit them immediately to the jobsites as they come in. All reports received at the jobsite must be maintained in separate confidential files.
4. If information is needed regarding the test results, call the Safety and Health Department, who will contact the MRO if necessary.

I. SUBSTANCES TESTED FOR

The laboratory will test for the substances listed in Attachment "A", at the indicated positive confirmation limits.

J. CONSEQUENCES OF POSITIVE TEST RESULT AND/OR NONCOOPERATION

1. Any employee or applicant who questions the accuracy of a positive test result shall have the opportunity, at his or her own expense, to have another National Institute of Drug Abuse (NIDA) approved laboratory test the remaining portion of the original sample which is maintained by the lab. If the second test results in a negative test, the Company will pay the expense of the second test, and all records of the positive test shall be expunged. The sample to be retested will be transferred directly from our lab to the other NIDA approved laboratory, and the chain of custody will be maintained. The employee or applicant involved will pay any cost imposed for the sample transfer.
2. Applicants for employment who test positive will not be eligible for hire, unless: a) the applicant successfully completes a treatment and rehabilitation program acceptable to the Company, and b) the applicant provides verification by the treatment facility of such completion, delivers proof of a recent negative substance abuse screening test, and accepts the conditions set forth below in the event the applicant is hired. These conditions consist of execution of an authorization for periodic testing at the applicant's expense, for a period of one year from the date of hire, a release of liability of the Company for such

testing, and an acknowledgement that the employee will be subject to immediate discharge in the case of any future positive test for prohibited substances, impairment while working, possession of a prohibited substance at the project site, or conviction of a violation of criminal drug statutes.

Following successful completion of a treatment and rehabilitation program acceptable to the Company, the applicant must execute the Application for Reinstatement, Release and Consent to Substance Abuse Screening (Attachment "F") in order to be considered for employment.

3. Employees who:

- 1) report to work impaired by any substance;
- 2) refuse to submit to screening, testing, or inspections;
- 3) fail to notify the company of illegal substance related criminal convictions;
- 4) are found in possession of any illegal or unauthorized substance;
- 5) test positive for unauthorized substance;
- 6) notify the Company of a recent violation of criminal illegal substance statutes; or
- 7) admit to being addicted to, or habitual users of any unlawful drugs or substances

will be subject to discipline up to and including suspension or termination pending rehabilitation, subject to the approval of the Company's Corporate Counsel or the responsible District Manager. No termination of a current employee for a violation of the Company's Substance Abuse Policy shall be issued without the approval of the Company's Corporate Counsel or the responsible District Manager. If requested by an employee disciplined or terminated for one of causes set forth above, the Company will assist the employee in locating a treatment and rehabilitation program acceptable to the Company. Reinstatement to eligibility for Company employment is conditioned upon successful completion of a treatment and rehabilitation program acceptable to the Company and verification by the treatment facility of such completion, a negative substance abuse screening test, and the employee's acceptance of the Company's conditions of reinstatement. These conditions consist of execution of an authorization for periodic testing at the employee's expense, for a period of one year from the date of rehire, a release of liability of the Company for such testing, and an acknowledgement that the employee will be subject to immediate discharge in the case of any future positive test for prohibited substances, impairment while working, possession of prohibited substances at the site, or conviction of a violation of criminal drug statutes. Following successful completion of a treatment and rehabilitation program acceptable to the Company, the employee must execute the Application for Reinstatement, Release and Consent to Substance Abuse Screening Test (see Attachment "F") in order to be considered for reinstatement.

4. Any applicant or employee who is declared ineligible for employment, or is discharged for testing positive for a prohibited substance, refusing to submit to screening, testing or inspections, or any other violation of this Safety and Health Operating Procedure and fails to meet the requirements for reinstatement, shall be ineligible to work or be employed by any subcontractor, supplier or other entity or company in connection with any project being performed by the Company.

K. REPORTING OF ILLEGAL SUBSTANCE OR SUBSTANCE ABUSE INCIDENTS

Information concerning any substance abuse incident occurring at one of the Company's offices or project sites, or concerning any illegal substance activity relating to the company's operations or employees, may be reported confidentially, and if desired, anonymously, to the Company's

Corporate Counsel's office, attention Eric Wilson at 1-800-826-6309, or Kay-Dawn Allen at 1-888-220-1370, or in their absence, to the District Director of Safety and Health. Any such information reported to the Corporate Counsel's office, or the District Director of Safety and Health, will be kept confidential to the extent reasonably possible, and will be investigated by the Corporate Counsel's office to determine whether a violation of the Company's Substance Abuse Policy has occurred and the corrective action to be taken in the event of a violation.

ATTACHMENT "A"
HENSEL PHELPS CONSTRUCTION CO.
SUBSTANCE ABUSE POLICY

In order to assure a safe, efficient, and drug-free workplace, Hensel Phelps Construction Co., hereafter referred to as "the Company," has adopted the policy described below:

Any violation of this policy will result in disciplinary action, up to and including, immediate discharge.

Impairment Prohibited

No employee will report for work or will work impaired by any substance, lawful or unlawful, except with management's approval; such approval will be limited to lawfully prescribed medications or over-the-counter medications, and based strictly on an assessment of the employee's ability to perform his or her regular or other assigned duties safely and efficiently. "Impaired" means under the influence of a substance such that it affects the employee's ability to properly perform the employee's job function, or creates a potential safety risk to others. Any employee or applicant that tests positive for any substances listed below at the confirmation level listed below, which have not been properly disclosed in accordance with the testing procedure, will be considered to have violated this policy.

SUBSTANCES TESTED FOR	EMIT SCREEN LIMITS	GC/MS CONFIRM. LIMITS

AMPHETAMINES	1000 NG/ML	500 NG/ML
BARBITURATES	300 NG/ML	150 NG/ML
BENZODIAZEPHINES	300 NG/ML	150 NG/ML
CANNABINOID METABOLITE	50 NG/ML	15 NG/ML
COCAINE METABOLITE	300 NG/ML	150 NG/ML
METHADONE	300 NG/ML	150 NG/ML
OPIATES	300 NG/ML	300 NG/ML
PCP (PHENCYCLIDINE)	25 NG/ML	25 NG/ML
PROPOXYPHENE	300 NG/ML	150 NG/ML

BREATH OR BLOOD ALCOHOL	0.020	0.020

Illegal Drugs and Substances Prohibited

Employees may not report to work with any illegal substance present in their system. Illegal substances are defined as prescription medications that have not been prescribed for the employee, alcohol above the limit described above, or any drug or controlled substance, the sale or consumption of which is illegal. Any employee or applicant that tests positive for any illegal substance (at or above the confirmation levels described in the preceding section) will be considered to have violated this policy.

Possession Prohibited

No employee on Company premises shall possess any quantity of substance, lawful or unlawful, which in sufficient quantity could result in impaired performance, except for authorized substances. "Company Premises" used herein includes all property, facilities, land, buildings, structures, fixtures, and equipment involved in or related to the Company's operations, including boats, aircraft, automobiles, trucks, and all other vehicles whether owned or leased by the Company or others while in use in connection with the Company's operations. "Possess" means to have either in or on an employee's person, personal effects, motor vehicle, tools, and areas substantially entrusted to the control of the employee, such as desks, files, lockers, etc.

Authorized substances include only:

1. Over-the-counter drugs in reasonable amounts, and
2. Other legal (prescriptions) drugs or substances, the possession of which the Company has been advised of and approved in advance.

Any employee who is found to possess any unauthorized substance will be considered to have violated this policy.

Manufacture and Distribution Prohibited

No employee will manufacture, distribute, or dispense illegal or controlled substances at the workplace or on company premises. Any employee who is found to have done so will be considered to have violated this policy.

Substance Abuse Screening

For purposes of assuring compliance with the above, both employees and applicants for employment will be subject to substance abuse screening under the circumstances described below. "Substance Abuse Screening" means testing of urine to determine the presence of unauthorized substances and/or testing of blood or breath to determine the presence of alcohol above the limit described above. Any refusal by an applicant or employee to submit to Substance Abuse Screening as required below shall be considered a violation of this policy.

Any employee or applicant for employment, who as a result of substance abuse screening, is found to have levels of prohibited drugs or substances in their system at or above the levels listed above will be considered in violation of this policy. The application process will be terminated for any applicant who tests positive for such drugs or substances, and the applicant will be considered ineligible for hire or employment at any of the Company's offices or projects unless a satisfactory treatment and rehabilitation program is completed, in accordance with the Company's Safety and Health Reference Manual (Section D5D).

Applicants

Prior to assuming any job, an applicant will be subject to substance abuse screening. Refusal to submit to such screening will make it impossible to evaluate this applicant, foreclosing any further consideration of his or her employment. However, testing shall not be required for any applicant who has been employed by the Company within 90 days of the date of application, and who has successfully completed substance abuse screening during that prior period of employment.

Union Employees and Applicants

Notwithstanding anything in the Company Substance Abuse Policy and Procedures to the contrary, employees and applicants for employment who are members of a labor union whose collective bargaining agreement or project agreement is applicable to the employee's or applicant's employment by the Company shall be tested for substance abuse in accordance with the substance abuse testing provisions of the applicable labor agreement.

Reasonable Cause Testing

When there is reasonable cause to believe any employee may have reported to work in violation of this policy, or has engaged in conduct that violates this policy, he or she will be subject to substance abuse screening.

Post-Accident/Incident

Post-accident substance abuse screening shall be conducted following any occupational-related injury requiring transportation to a medical facility for treatment, or following a serious or potentially serious accident, or incident involving damage to Company property, or a "near miss" type accident, including, but not limited to, any incident involving vehicles and/or other equipment. All persons involved in the incident will be subject to substance abuse screening.

Jobsite Testing

To endeavor to prevent substance abuse throughout the course of the Company's projects, on a periodic basis one or more of the Company's projects shall be selected for substance abuse screening, which shall include testing of salaried and hourly Company employees employed at the project on the date of the test, and salaried and hourly employees of all subcontractors employed at the site on the date of the test, unless such testing is not allowed by the applicable subcontract or an applicable collective bargaining agreement.

Inspections

For purposes of assuring compliance with the prohibition of possession of prohibited substances, and upon cause to suspect such possession, the Company reserves the right to conduct inspections of employees and their effects, including lockers, desks, tool boxes, clothing, and vehicles, while the employee is on duty, or while the employee, a container, or property, is on Company-owned property, or property under the Company's sole control, such as a construction jobsite of the Company. Any refusal to submit to such an inspection will be considered a violation of this policy.

Employee Convictions

Employees must notify the Company of any conviction of a violation of any criminal drug or controlled substance statute. In the case of a conviction during employment by the Company, the Company must be notified of any criminal drug or controlled substance statute conviction no later than five (5) days after such conviction. Any failure to notify the Company as required will be considered a violation of this policy.

Privacy

The results of a substance abuse screening will be considered a medical report that will be treated as confidential and distributed to only those who have a need to know of the results.

Reporting of Illegal Substance and Substance Abuse Incidents

To encourage the reporting of illegal substance and substance abuse incidents relating to the Company's operations, employees shall be encouraged to report information concerning such incidents to the Company's corporate counsel's office. Such information shall be treated as confidential to the fullest extent permitted by law and may be reported anonymously.

Retesting

Any applicant or employee who questions the validity or accuracy of a positive substance abuse screening shall be provided the opportunity to arrange to have another National Institute of Drug Abuse (NIDA) approved laboratory test the remaining portion of the sample originally provided by the applicant or employee. This test shall be conducted at the employee's or applicant's expense. However, if the test of the remaining portion of the sample is negative, the Company shall reimburse the employee or applicant for the cost of the second test and all records of the positive test shall be expunged.

Violations of Policy

Any employee who violates the terms of this policy will be subject to immediate disciplinary action, up to and including discharge. Any employee discharged for these violations may only become re-eligible for hiring by successfully participating in a treatment or rehabilitation program approved by the Company. Employees who have not committed the violations set forth in the preceding sentence, but who have notified the Company of a recent violation of criminal drug statutes, or who admit to being addicted to, or habitual users of, any unlawful drugs, will have their employment terminated pending rehabilitation. If requested, the Company will assist discharged employees in locating a treatment and rehabilitation program that is acceptable to the Company. Reinstatement is conditioned upon successful participation in a treatment and rehabilitation program acceptable to the Company and certification by the treating facility of such participation, a negative test for prohibited substances, and the employee's acceptance of the Company's conditions of reinstatement. These conditions consist of execution of an authorization for periodic testing at the employee's expense, for a period of one year from the date of rehire, release of liability of the Company for such testing, and an acknowledgement that the employee will be subject to immediate discharge in the case of any future positive test for prohibited substances, impairment while working, possession of prohibited substances at the work site, or conviction of a violation of criminal drugs statutes.

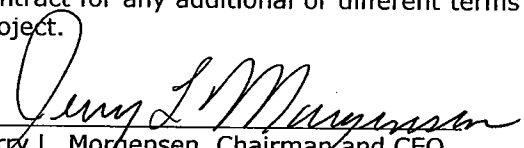
Any applicant or employee who is declared ineligible for hire, is discharged for testing positive for a prohibited substance, refuses to submit to screening, testing or inspections, or commits any other violation of the Company Substance Abuse Policy or Procedures, and fails to meet the requirements for reinstatement, shall be ineligible to work or be employed by any subcontractor, supplier, or other entity in connection with any project being performed by the Company.

Subcontractor Testing

Unless prohibited by applicable law or a collective bargaining agreement, the Company shall endeavor to require its subcontractors to employ an acceptable substance abuse testing program for subcontractor employees who perform work on any of the Company's projects.

Department of Defense and Department of Transportation Projects

Any project performed by the Company for the Department of Transportation (DOT) or the Department of Defense (DOD) may be governed by contract provisions which supplement or preempt the terms of the Company Substance Abuse Policy. Employees working on such projects should consult the applicable contract for any additional or different terms that may apply to the substance abuse program for that project.


 Jerry L. Morgensen, Chairman and CEO
 Hensel Phelps Construction Co.

ATTACHMENT "B"
HENSEL PHELPS CONSTRUCTION CO.
CONSENT TO SUBSTANCE ABUSE SCREENING TESTS, RELEASE
AND AUTHORIZATION FOR RELEASE OF DRUG TEST INFORMATION

I consent to substance abuse screening test(s) required by Hensel Phelps Construction Co., hereafter referred to as "the Company". When the Company requests that I have such a test, in accordance with the Company's Substance Abuse Policy and Procedures, including without limitation pre-employment screening, post-accident, periodic jobsite, or reasonable-cause testing, I agree to present myself at the time and place designated by the Company, to submit samples as requested, and to otherwise cooperate fully with the Company.

I consent to the submission of such samples to a third party laboratory and/or its contractors for screening, confirmatory testing, and analysis.

I will also provide to the laboratory that will perform the testing confidential information concerning all lawful medication and drugs, including prescription and nonprescription (over-the-counter) medicines, which I have taken in the last 30 days. This information will not be disclosed by the laboratory, except in connection with evaluation, interpretation, and explanation of test results. I also consent to my physician providing the laboratory requested information regarding my use of drugs and medicines.

Further, I hereby authorize the drug-testing laboratory that will perform the testing to release to the Company the results of the test.

I understand that the samples and information obtained pursuant to this release will be used solely for the following purposes: Test results will be used to determine eligibility for employment and suitability for continued employment with the Company for a particular position, or for any position; information regarding the use of drugs and medicines will be used by the laboratory to interpret, evaluate, and explain test results.

This authorization shall remain valid as long as I am employed by the Company. I have read and understand this Consent to Substance Abuse Screening Tests and Release.

I understand that I have the right to receive a true copy of this authorization. By placing my initials to the left of this clause on the original authorization, I hereby acknowledge that a true copy of this authorization has been received by me.

(Initials)

Dated: _____

(Signature)

(Project Name and Number)

(Print or Type Name)

(Witness Signature)

(Social Security Number)

ATTACHMENT "B1"
HENSEL PHELPS CONSTRUCTION CO./CALIFORNIA DISTRICTS
CONSENT TO SUBSTANCE ABUSE SCREENING TESTS, RELEASE
AND AUTHORIZATION FOR RELEASE OF DRUG TEST INFORMATION

I consent to substance abuse screening test(s) required by Hensel Phelps Construction Co., hereafter referred to as "the Company". When the Company requests that I have such a test, in accordance with the Company's Substance Abuse Policy and Procedures, including without limitation pre-employment screening, post-accident, jobsite, or reasonable-cause testing, I agree to present myself at the time and place designated by the Company, to submit samples as requested, and to otherwise cooperate fully with the Company.

I consent to the submission of such samples to a third party laboratory and/or its contractors for screening, confirmatory testing, and analysis.

I will also provide to the laboratory that will perform the testing confidential information concerning all lawful medication and drugs, including prescription and nonprescription (over-the-counter) medicines, which I have taken in the last 30 days. This information will not be disclosed by the laboratory, except in connection with evaluation, interpretation, and explanation of test results. I also consent to my physician providing to the laboratory requested information regarding my use of drugs and medicines.

Further, I hereby authorize the drug-testing laboratory that will perform the testing to release to the Company the results of the test.

I understand that the samples and information obtained pursuant to this release will be used solely for the following purposes: Test results will be used to determine eligibility for employment and suitability for continued employment with the Company for a particular position, or for any position; information regarding the use of drugs and medicines will be used by the laboratory to interpret, evaluate, and explain test results.

This authorization shall remain valid for one year from the date this form is signed and dated below. I have read and understand this Consent to Substance Abuse Screening Tests and Release.

I understand that I have the right to receive a true copy of this authorization. By placing my initials to the left of this clause on the original authorization, I hereby acknowledge that a true copy of this authorization has been received by me.

(Initials)

Dated: _____
(Signature)

(Project Name and Number) (Print or Type Name)

(Witness Signature) (Social Security Number)

ATTACHMENT "C"
HENSEL PHELPS CONSTRUCTION CO.
REQUEST FORM

SUPERVISOR: This form, along with the Chain of Custody Form attached, must accompany each employee/applicant to be tested. Please indicate the reason for this test.

EMPLOYEE'S OR APPLICANT'S

NAME: _____ **SS#** _____

REASON FOR TEST:

_____ Pre-Employment (urine only)	_____ Post Accident (urine and alcohol) (for alcohol, breathalyzer test preferred)	_____ Jobsite (urine and/or alcohol) (for alcohol, breathalyzer test preferred)
_____ Reasonable Cause (urine and/or alcohol) (for alcohol, breathalyzer test preferred)	_____ Periodic Medical	_____ Random

COLLECTOR: Hensel Phelps Construction Co. requests that the above-marked collection(s) be done. Please use the Chain of Custody Form attached.

Please send the urine and/or blood sample(s) to:

Shipping will be handled by:

Lab Corp Occupational Testing Services
3308 E. Chapel Hill / Nelson Hwy
P O Box 12652
Research Triangle Park, NC 27709
1-800-833-3984

Airborne: Account 33299587

Please send the results of the breathalyzer test to:

Medical Review Officer
S. B. Hoffman, M.D. FACP
ChoicePoint Medical Review Services
5900 Wilshire Blvd., Suite 2200
Los Angeles, CA 90036
1-800-521-8791
1-615-781-2397 Fax

Please contact Trudy Miller at 970.346.7227 or tjmillier@henselphelps.com to order more supplies.

ATTACHMENT "C2"
HENSEL PHELPS CONSTRUCTION CO.
REQUEST FORM FOR INSTANT TESTS
COLORADO ONLY

SUPERVISOR: This form must accompany each employee/applicant to be tested. Instant tests should be used for Pre-Employment only.

EMPLOYEE'S OR APPLICANT'S

NAME: _____ **SS#** _____

REASON FOR TEST:

_____ Pre-Employment
(urine only)

COLLECTOR: Hensel Phelps Construction Co. requests that the above-marked collection(s) be done. Please use the **INSTANT TEST**.

Please send the non-negative urine split samples to:
by:

Shipping will be handled

Lab Corp Occupational Testing Services
3308 E. Chapel Hill / Nelson Hwy
P O Box 12652
Research Triangle Park, NC 27709
1-800-833-3984

Airborne: Account 33299587

Please send the results of the breathalyzer test to:

Medical Review Officer
S. B. Hoffman, M.D. FACP
ChoicePoint Medical Review Services
5900 Wilshire Blvd., Suite 2200
Los Angeles, CA 90036
1-800-521-8791
1-615-781-2397 Fax

Please contact Trudy Miller at 970.346.7227 or tjmiller@henselphelps.com to order more supplies.

**ATTACHMENT "C" California only (NON-UNION)
HENSEL PHELPS CONSTRUCTION CO.
REQUEST FORM**

SUPERVISOR: This form, along with the Chain of Custody Form attached, must accompany each employee/applicant to be tested. Please indicate the reason for this test.

EMPLOYEE'S OR APPLICANT'S

NAME: _____ **SS#** _____

REASON FOR TEST:

<input type="checkbox"/> Pre-Employment (urine only)	<input type="checkbox"/> Post Accident (urine and alcohol) (for alcohol, breathalyzer test preferred)	<input type="checkbox"/> Jobsite (urine and/or alcohol) (for alcohol, breathalyzer test preferred)
<input type="checkbox"/> Reasonable Cause (urine and/or alcohol) (for alcohol, breathalyzer test preferred)	<input type="checkbox"/> Periodic Medical	<input type="checkbox"/> Other

COLLECTOR: Hensel Phelps Construction Co. requests that the above-marked collection(s) be done. Please use the Chain of Custody Form attached.

Please send the urine and/or blood sample(s) to:

Lab Corp Occupational Testing Services
3308 E. Chapel Hill / Nelson Hwy
P O Box 12652
Research Triangle Park, NC 27709
1-800-833-3984

Shipping will be handled by:

Airborne: Account 33299587

Please send the results of the breathalyzer test to:

Medical Review Officer
S. B. Hoffman, M.D. FACP
ChoicePoint Medical Review Services
5900 Wilshire Blvd., Suite 2200
Los Angeles, CA 90036
1-800-521-8791
1-615-781-2397 Fax

Please contact Trudy Miller at 970.346.7227 or tjmillier@henselphelps.com to order more supplies.

**ATTACHMENT "C" California only (UNION)
HENSEL PHELPS CONSTRUCTION CO.
REQUEST FORM**

SUPERVISOR: This form, along with the Chain of Custody Form attached, must accompany each employee/applicant to be tested. Please indicate the reason for this test.

EMPLOYEE'S OR APPLICANT'S

NAME: _____ **SS#** _____

REASON FOR TEST:

<input type="checkbox"/> Pre-Employment (urine only)	<input type="checkbox"/> Post Accident (urine and alcohol) (for alcohol, breathalyzer test preferred)	<input type="checkbox"/> Jobsite (urine and/or alcohol) (for alcohol, breathalyzer test preferred)
<input type="checkbox"/> Reasonable Cause (urine and/or alcohol) (for alcohol, breathalyzer test preferred)	<input type="checkbox"/> Periodic Medical	<input type="checkbox"/> Other

COLLECTOR: Hensel Phelps Construction Co. requests that the above-marked collection(s) be done. Please use the Chain of Custody Form attached.

Please send the urine and/or blood sample(s) to:

Shipping will be handled by:

Quest Diagnostics
7470 Mission Valley Road
San Diego, CA 92108
800.446.4728 ext 3319
619.686.3272 Fax

Please send the results of the breathalyzer test to:

Medical Review Officer
S. B. Hoffman, M.D. FACP
ChoicePoint Medical Review Services
5900 Wilshire Blvd., Suite 2200
Los Angeles, CA 90036
1-800-521-8791
1-615-781-2397 Fax

Please contact Trudy Miller at 970.346.7227 or tjmill@henselphelps.com to order more supplies.

ATTACHMENT "D"
HENSEL PHELPS CONSTRUCTION CO.
CHAIN OF CUSTODY (Sample)

OTS - RTP
 LABCORP
 1904 ALEXANDER DRIVE
 RTP, NC 27709
 3000

Customer Service: 800-833-3984



SPECIMEN ID NO. 0732940924

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. HENSEL PHELPS CONST. CO/80631 ATTN: TRUDY J. MILLER 420 SIXTH AVENUE/P. O. BOX D GREELEY CO 80632 970-346-7227 FAX: 970-346-7263		B. MRO Name, Address, Phone and Fax No. CHOICEPOINT MRO SERVICES STUART B. HOFFMAN, M.D., FACP 5900 WILSHIRE BLVD., STE. 2200 LOS ANGELES CA 90036 888-794-8574 FAX: 866-355-1297	
Location: 		442929 	
C. Donor SSN or Employee I.D. No. _____			
D. Reason for Test: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Periodic <input type="checkbox"/> Other _____			
E. Collector's Name, Address _____		Collector Phone No. _____ Collector Fax No. _____	
F. Donor Identification Verified By: <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Employer Representative			

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, Enter Remark Below Split Specimen Collection ☐ Yes ☐ No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth / /

H. TEST(S) REQUESTED BY EMPLOYER:

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR NAME (FIRST, MI, LAST)

SIGNATURE OF DONOR

INITIAL

MONTH

DAY

YEAR

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

AM

PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo/Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr.)

Primary Specimen
Bottle Seal Intact☐ Yes☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

CONTAINER SEAL

OTS - RTP
3000

0732940924

Bottle A

Bottle B
(SPLIT)

A

B
SPLIT

DATE

DONOR'S INITIALS

DATE

DONOR'S INITIALS



NOTE POSITION
OF BARCODE
STARTS AT
BOTTOM OF
CONTAINER AS
SHOWN HERE.

COPY 1 - LABORATORY

18

LabCorp

Revised 11/08/05

[illegible]

ATTACHMENT "F"
HENSEL PHELPS CONSTRUCTION CO.
APPLICATION FOR REINSTATEMENT, RELEASE AND
CONSENT TO SUBSTANCE ABUSE SCREENING

I _____, apply for reinstatement as an eligible applicant for employment with Hensel Phelps Construction Co. ("the Company"), and in connection with this application, I hereby represent and acknowledge the following:

- (1) I previously tested positive for prohibited substances in connection with a substance abuse screening test that I voluntarily took in compliance with the Company Substance Abuse Policy or, otherwise violated the Company Substance Abuse Policy;
- (2) Since taking the test, I have successfully completed a substance abuse treatment and rehabilitation program, and have attached evidence of the completion of that program to this application;
- (3) My reinstatement is subject to a negative test for unlawful drugs and controlled, or prohibited substances and agreement to the Company's conditions for reinstatement set forth below.

As a condition to my reinstatement, I agree to the following:

- (1) I will execute a Consent to Substance Abuse Screening Tests, Release and Authorization for Release of Drug Test Information in connection with taking another substance abuse screening test, at my own expense, which must be negative in order for me to be eligible for reinstatement;
- (2) I acknowledge that I will be subject to immediate discharge in the case of any future positive test for prohibited substances; impairment while on duty; possession of unlawful drugs or controlled substances; or conviction of a violation of criminal drug statutes.
- (3) I consent to periodic substance abuse testing at my own expense whenever requested by the Company, in addition to the testing set out in the Company Substance Abuse Policy Statement, to allow the Company to confirm that I am in compliance with the Company Substance Abuse Policy.
- (4) I authorize _____, the facility, institution, or organization that administered the substance abuse treatment and rehabilitation program which I successfully completed to release any information or records requested by the Company concerning my participation in or completion of the program.
- (5) I release and discharge the Company and its respective officers, directors, employees, contractors, and agents from any claim, action, or liability relating to this application for and the terms of my reinstatement and/or the Company drug testing policies and procedures.

I have read and understand this Application for Reinstatement, Release and Consent to Substance Abuse Screening Test.

Dated: _____

Witness: _____

(Signature)

(Print or Type Name)

(Social Security Number)