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TO: Department Directors
Division Administrators
Agency Personnel Liaisons
Drug and Alcohol Information Designees

FROM: Teresa J. Thienhaus, Director 
Department of Personnel

SUBJECT: NEW VENDOR FOR DRUG TESTING – REVISED OVERVIEW AND FORMS

As previously announced, effective January 1, 2009 the State of Nevada contractor for pre-employment and reasonable suspicion drug testing will be **Drug Free Workplaces, Inc.** If you have not already arranged to receive new *Chain of Custody* forms for your agency, you may do so by contacting Mark Evans at mevans@dop.nv.gov or (775) 684-0149. All forms related to the previous contractor, Quest Diagnostics, should no longer be used after December 31, 2008 and destroyed.

Additionally, please be advised that the *Pre-Employment and Reasonable Suspicion Alcohol and Drug Testing Program* overview as well as the forms related to the program have been updated. These documents are available on the Department of Personnel's website under the "Forms/Publications" tab at: <http://dop.nv.gov/>.

If you have any questions regarding this contract or the overview and forms, please do not hesitate to contact Mark Evans, Supervisory Personnel Analyst, using the contact information listed above.

STATE OF NEVADA



PRE-EMPLOYMENT AND REASONABLE SUSPICION ALCOHOL AND DRUG TESTING PROGRAM

Prepared by the
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I. INTRODUCTION

No organization is immune from the many problems associated with drug and alcohol abuse. Statistics from the US Department of Labor and Health and Human Services show that illicit drug use and alcohol abuse are associated with higher levels of absenteeism and frequent job changes. They are linked with higher health care and workers' compensation costs to employers. Substance abusers are more likely to steal from their employer, to have conflicts at work, and to be involved in incidents of workplace violence. Additional statistics and information on substance abuse in the workplace can be found by going to the following websites: www.drugfreeworkplace.gov or www.dol.gov/workingpartners/welcome.html.

The State of Nevada is committed to addressing these problems and to having a drug free workplace. As you read through the following drug and alcohol testing program procedures, remember that the mission of the employees of this State is to serve the needs of our citizens in the most efficient and professional manner possible. Alcohol and drug abuse interferes with these goals and must be addressed.

In addition to information and guidelines in this publication, the Department of Personnel also provides training for all supervisors through the Office of Employee Development. The State of Nevada offers an Employee Assistance Program (EAP) as an employee benefit to those employees experiencing workplace problems, personal concerns, and issues with alcohol and/or drug abuse. In addition, supervisors are also strongly encouraged to consult with an EAP representative when faced with a situation involving an employee they suspect of alcohol or drug abuse.

NOTE: This publication does not address certain special circumstances relating to alcohol and drug testing. State agencies that have employees that are required to have a Commercial Drivers License (CDL) must follow drug-testing procedures outlined in federal motor carrier regulations, which are significantly different from this program. Other State agencies have negotiated separate drug, alcohol, and fitness testing contracts for these and other needs.

If your agency has a need to consider these other types of testing, it is important to ensure that you do so in compliance with relevant laws, regulations and negotiated State of Nevada contracts. Check with your agency personnel representative and your Deputy Attorney General before proceeding.

II. OVERVIEW OF ALCOHOL AND DRUG TESTING PROGRAM

The Nevada Revised Statutes, NRS 284.406 through NRS 284.407, provide for the testing of applicants and employees for drugs and alcohol. Regulations have been approved by the Personnel Commission to carry out the provisions of these statutes, NAC 284.880 to NAC 284.894 (Appendix D). The State of Nevada program includes pre-employment drug testing for selected job classes and positions affecting public safety (see Chapter IV) and "reasonable suspicion" testing when an employee suspected of being under the influence of alcohol and/or drugs at work. The State's program does not include periodic random alcohol or drug testing.

In accordance with State regulation, an employee who consumes or is under the influence of alcohol or who possesses, consumes or is under the influence of a controlled substance while on duty is subject to disciplinary action. With the approval of the appointing authority or their designee, a supervisor may request that an employee submit to a screening test when the supervisor has a reasonable belief, based on objective facts, that the employee is under the influence of alcohol and/or

a controlled substance (see Appendix II, *Report Form for Suspected Alcohol/Drug Impairment*). State statutes also provide for a screening test when a law enforcement officer discharges a firearm, other than by accident, or when an employee drives a motor vehicle in the performance of his duties in such a manner as to cause bodily harm or substantial damage to property. An employee who refuses such a test is subject to disciplinary action, up to and including termination.

Drug tests are administered to determine the presence of substances covered by this policy in excess of predetermined benchmarks. The standard 5-panel substance abuse test screens for amphetamines, cocaine, marijuana, opiates, and phencyclidine (PCP, angel dust). The appointing authority may request additional tests for controlled substances listed on Schedule I or II of the Controlled Substances Act (Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970). Specific requests for additional testing may be made at the time of testing or after the initial screening, by contacting the State's drug testing vendor, Drug Free Workplaces, Inc. Check with Drug Free Workplaces, Inc. immediately for additional testing, because specimens are only kept for a certain amount of time.

This manual is organized to highlight information relevant to all aspects of the Alcohol and Drug Testing Program. Following the first two introductory and overview chapters, Chapter III explains information relevant to working with the State's current drug testing vendor. Chapter IV provides procedures for conducting pre-employment drug testing. Chapter V and VI continue with a discussion on determining reasonable suspicion, guidelines on conducting a preliminary interview with an employee under suspicion, and procedures to follow in getting an employee tested. The Employee Assistance Program is discussed in Chapter VII. The appendices contain copies of relevant NACs and NRSs, copies of relevant forms, locations of testing sites for both drugs and alcohol, and a list of classes and positions approved for pre-employment testing. Supervisors will want to note Appendix IV. This is a new section that offers a variety of tools for supervisors to help them deal with situations involving reasonable suspicion.

III. WORKING WITH THE STATE'S DRUG TESTING VENDOR

The State of Nevada has contracted with Drug Free Workplaces, Inc. for the necessary services to administer drug testing as outlined in this manual. Drug Free Workplaces, Inc. has been provided a list of departments and the person(s) designated by each agency to receive test results and billings. Any additions or changes in designation may be made by writing directly to the Department of Personnel, Employee & Management Services Division, 209 E. Musser St., Room 300, Carson City NV 89701, Attn: Alcohol and Drug Testing Program Coordinator.

Drug Free Workplaces, Inc. will supply each agency with a supply of the appropriate *Chain of Custody Form* (Appendix II). As explained below, an agency may have more than one version of this form depending on its drug testing needs. If you have a question regarding the drug testing program and services provided by Drug Free Workplaces, Inc., you may call:

Drug Free Workplaces, Inc. at (850) 434-3782

Drug Free Workplaces, Inc.'s contract with the State of Nevada provides a five-panel urinalysis for the following substances: amphetamines, cocaine, marijuana, opiates, and phencyclidine (PCP, angel dust). The cost for this test is \$37.45 at designated or authorized collection sites and includes the services of a Medical Review Officer (MRO) for positive results on drug tests.

Agencies with employees that handle medications may use a special feature under this contract that permits a 9-panel test for the same price as the standard 5-panel test. The agency must use a separate chain of custody form for this purpose. The 9-panel adds tests for Barbiturates, Benzodiazepines, Methadone, and Propoxyphene (Darvon).

All positive test results will be sent to the MRO. The MRO will contact the person to offer the opportunity to explain any concerns with the test results. Example: An employee may be taking codeine for pain relief with a lawful prescription from his treating physician, meaning that the employee is not in violation of this policy. If the donor has a legitimate prescription for the substance, the MRO will downgrade the presumptive positive and the agency would be notified of a negative result. The State of Nevada will use the services of Dr. Morris Simhachalam. The phone number for the MRO is (800) 430-3782.

Tests may be scheduled at collection sites listed in Appendix III by completing a *Chain of Custody Form* (Appendix II). The requesting Agency completes items A-D under Step 1 on the *Chain of Custody Form*. Additional tests requested may have an additional charge to the agency. The supervisor accompanying the employee to the collection site is responsible for delivering the drug request form to the laboratory.

Test results will be emailed to the primary and/or the secondary contact as established by the agency account with Drug Free Workplaces, Inc. Negative test results are typically sent to the Agency within 24 to 48-hours of the test and positive test results within 48-hours. If you have questions or do not receive the information in a timely manner, contact Drug Free Workplaces, Inc. at: (850) 434-3782.

Alcohol testing is typically conducted through state and local law enforcement agencies; however, in some cases it may be desirable for an employee to be tested for alcohol and drugs at the same time by Drug Free Workplaces, Inc. (for example, after a vehicle accident, when an employee is required to be tested for both). This may involve an additional fee, whereas alcohol tests conducted by law enforcement agencies are free of charge.

Agencies may replenish their supply of *Chain of Custody Forms* by contacting Drug Free Workplaces, Inc. at (850) 434-3782. Please allow approximately 10 days to 2 weeks to receive a new supply of forms.

IV. PROCEDURES FOR PRE-EMPLOYMENT DRUG TESTING

Nevada Revised Statutes require post-offer/pre-employment testing of applicants for positions designated by the Personnel Commission as affecting public safety.

1. The classes and positions that have received approval for pre-employment testing are listed in Appendix V. This information is also indicated on the applicable class specification under *Special Requirements*. Only those applicants receiving a conditional job offer are required to test.
2. Notice covering the provisions of NRS 284.4066 (Appendix I) must be given to applicants at or before the time of application. The agency initiating the recruitment needs to ensure the appropriate pre-employment drug testing requirement notice is on the job announcement before it is posted on the NVAPPS system. Further, when making an offer of employment,

3. Applicants already employed by the State in a position affecting public safety applying for another safety sensitive position are not required to submit to another pre-employment drug test (NAC 284.886).
4. Written consent by the applicant is required before any test is conducted (TS-76, Appendix II). The original consent form is retained by the agency, a copy is given to the applicant, and a copy is included with the drug testing form and delivered to the collection site at the time of the collection.
5. Tests should be scheduled at one of the collection site locations listed in Appendix III. The employer section of the *Chain of Custody Form* (Appendix II) must be completed (Items A-D on Step 1 on the form). Applicants should be given the drug testing form in a sealed envelope to be delivered to the collection site at the time of their appointment. Most accounts are set up for a standard 5-panel urine drug screen, unless the agency has positions handling medications in which case a 9-panel urine drug screen is done. Other drug test options may be requested by contacting Drug Free Workplaces, Inc. Drug tests not covered by the contract will be at an additional cost.
6. Test results will be emailed to the designated agency contact (or may be faxed upon request) typically within two working days (see sample negative and positive results in Appendix II). If the test results are not received within three working days, the appointing authority or the designee authorized for receipt of test results may contact the State's drug-testing vendor.
7. The MRO will request proof from an applicant that tests "positive" for a controlled substance to determine if it was taken pursuant to a lawful prescription. The appointing authority shall not hire an applicant if they do not provide such proof within 72-hours of the request (NRS 284.4066).
8. If a screening test indicates the presence of a controlled substance, the MRO or the appointing authority shall advise any such person that they may have the same sample tested at their expense by a certified laboratory of their choice (NRS 284.4067).
9. The results of the screening tests are confidential and must be securely maintained by the appointing authority or his designated representative. Results can be disclosed to another person only as prescribed by NRS 284.4068.
10. Employment is contingent on passing the screening test.

V. DEFINING AND DETERMINING REASONABLE SUSPICION

Jobs affecting public safety require pre-employment drug testing; however, the fact that from time to time established employees can become involved in the illegal use of drugs cannot be ignored. It is critical that supervisors take immediate action whenever they observe or are made aware of a situation where an employee is suspected of being under the influence of alcohol or a controlled substance and objective facts support a drug and/or alcohol screening test.

The National Institute on Drug Abuse considers reasonable suspicion to include observable behavior, such as eyewitness accounts of use, possession, or symptoms; abnormal conduct; drug-related investigations to include arrests and convictions; test tampering; and information from reliable sources. Any of these factors constitutes reasonable suspicion. In addition, the following situations automatically qualify as reasonable suspicion and provide justification for the supervisor to require testing under NAC 284.888:

1. The operation of a motor vehicle by the employee in any manner that causes bodily harm;
2. Abnormal conduct or erratic behavior by the employee that is not otherwise normally explainable;
3. The odor of the alcohol on the breath of the employee and a decline in job performance that is not otherwise normally explainable;
4. Observation of the employee consuming alcohol and a resulting decline in job performance that is not otherwise normally explainable;
5. Observation of the employee possessing a controlled substance or using a controlled substance that is reported by a credible source;
6. The operation of a motor vehicle in such a manner as to cause more than \$2,500 worth of property damage; or
7. The operation of a motor vehicle in such a manner as to cause two property accidents within a 1-year period.

Employers have historically been given considerable leeway in making such judgments. This is not to imply, however, that judgments should be based on bias, emotions, unreliable reports, or vague notions. Appendix IV includes an *Alcohol and Drug Indicator Checklist*. The checklist does not provide a definite metric for making a determination, but it does provide a list of observable symptoms and assists in documenting the need for testing.

VI. ALCOHOL AND DRUG TESTING PROCEDURES

Confronting an employee suspected of impairment can be a very uncomfortable situation. It is one that requires compliance with statutes and regulations that allow for testing and preserve the rights of the employee at all steps in the process (from properly gathering the information to meeting with the employee before proceeding to a screening test). **Keep in mind that an employee is not subject to disciplinary action for a positive screening test if the agency fails to comply with the provisions of NRS 284.4065**, which have been incorporated into this manual.

Once a determination of reasonable suspicion has been made, the following steps should be followed:

1. Complete a *Report Form for Suspected Alcohol/Drug Impairment*
2. Conduct a preliminary interview with the employee
3. Complete an *Alcohol and Drug Testing Consent Form*
4. Transport the employee to a collection site (if applicable)
5. Conduct testing
6. Transport the employee home

Report Form for Suspected Alcohol/Drug Impairment

The first step after reasonable suspicion is established is to complete the *Report Form for Suspected Alcohol/Drug Impairment* (TS-77, Appendix II). NRS 284.4065 requires a written record of the facts supporting a request for an employee to submit to a drug and/or alcohol test. Also, the employee

must be informed of the specific facts supporting the request to submit to a reasonable suspicion alcohol and/or drug test. Using this form will satisfy those requirements.

NOTE: The supervisor may contact an Employee Assistance Program (EAP) Coordinator for assistance with the evaluation of the facts supporting the decision to refer an employee for a screening test (see Section VII), especially when facing such a situation for the first time. Additionally, there is assistance available from the Department of Personnel staff specialist in this subject area. The staff specialist can be reached at (775) 684-0111.

Preliminary Interview with the Employee

The supervisor should relieve the employee of his duties and quietly remove the employee to a private area away from the work site. If at all possible, a second supervisor should be present to observe and evaluate the situation. It is recommended that the basis for the interview not be revealed in order to avoid undue influence or bias. It is sufficient to inform a second supervisor that there are concerns about the employee's behavior or job performance and that he is being requested to participate in order to offer observations and opinion.

The employee should be questioned regarding any observations that have been made about workplace behavior and performance. The following questions are suggested depending on the employee's responses:

1. I noticed the following things in your performance or behavior today at work (use the *Alcohol and Drug Indicator Checklist* in Appendix IV). Can you explain why?
2. Have you been drinking alcohol or using any illegal drugs on the job site today?
3. Have you used either before coming to work today?
4. Are you taking any medication that would explain what I am seeing in your behavior and performance today?
5. Are you aware of any medical condition that would explain what I am seeing? (NOTE: If the employee states that a medical condition may be impacting his performance, you may request that the employee obtain a statement from his health care provider indicating that he can safely perform his job elements.)
6. As a final step before proceeding with testing, supervisors are advised to ask themselves these three questions:
 - Are there objective facts pointing to abuse?
 - Does another supervisor have the same conclusion?
 - Am I putting my workplace, the employee, or other employees at risk if the testing is not done?

Alcohol and Drug Testing Consent Form

Once a determination of reasonable suspicion has been made, the supervisor should complete an *Alcohol and Drug Testing Consent Form* (TS-76, Appendix II) and have the employee sign it. The form should indicate whether the employee is to be tested for alcohol, drugs, or both. The original of the consent form is retained by the agency and a copy is given to the employee. A copy is also delivered to the service provider for inclusion with the test sample when it is referred for analysis. The MRO when assessing a positive test result will consider any information provided by the employee relevant to legitimate prescription medications.

If the employee refuses to sign the form or take the test:

1. The employee should be advised that refusal might result in dismissal or other disciplinary action.
2. If the employee still refuses to sign the form, a note to this effect should be placed on the consent form.
3. The supervisor and a witness should attest to the employee's refusal to sign the form.
4. Arrangements should then be made for the employee's safe transportation home. The employee may instead elect to call a taxi, his spouse or a friend for transportation.
5. If the employee insists on driving, the supervisor will advise the employee that it will be reported to local law enforcement as a possible DUI violation. Experts recommend calling 911 to make the report because the call will be recorded.

Transport Employee to Collection Site (if applicable)

It is the appointing authority's responsibility to transport any employee who signs the consent form to both the test collection site and to his home following the test (NAC 284.890). The Nevada Highway Patrol (NHP) will assist with transportation to the collection site upon request. The NHP can be reached by calling the Region Commander at the telephone number listed on the *Confirmatory Test Sites for Alcohol Testing* (Appendix III). If the NHP is called to assist with the transportation, every attempt should be made to keep the matter confidential between the employee and the employer. To avoid disruption in the workplace and to preserve the confidentiality of the employee, supervisors may choose to meet the NHP Trooper in either a private meeting room in an area removed from the employee's workspace or an offsite location.

Drug and Alcohol Testing

If the employee is suspected of alcohol consumption only, the NHP can conduct a preliminary breath test for alcohol at the worksite. The supervisors will prepare an *Employee Breath Test For Alcohol Form* (TS-69, Appendix II) to give to the NHP Trooper for recording test results. Any employee testing positive at the worksite will be taken by the NHP Trooper, accompanied by the supervisor, to one of the confirmatory test sites listed in Appendix III. The possibility of the need for such action should be discussed with the NHP at the time of initial notification.

For drug testing, supervisors should use the *Chain of Custody Form* (see Appendix II). Whenever possible, tests should be scheduled at the laboratory locations listed in Appendix III. Appropriate areas of the drug test form should be completed in advance to include checking items A-D under step 1 on the *Chain of Custody Form*. Please note that blood tests or other tests not covered by the State's

contract are provided at additional cost. Supervisors in rural areas may check with local medical providers to determine who is qualified to handle the collection of samples for drug testing and to work with *Drug Free Workplaces, Inc.* to get these providers added to the list of approved collection sites.

The appointing authority may place an employee on administrative leave with pay pending receipt of the results of a screening test (NRS 284.4065). (While optional per regulation, the Department of Personnel strongly suggests that agencies place employees on administrative leave while awaiting the results of a screening test. This allows the agency to notify the employee that he must be readily available for agency contact during normal work hours.)

Employees testing positive for a controlled substance must provide proof to the MRO that they are taking the controlled substance pursuant to a current and lawful prescription issued in their name. Employees who fail to provide required proof within 72-hours of receiving notice of a positive test result are subject to disciplinary action (NRS 284.4063). The appointing authority or their designee must provide written results of the screening test to the employee within 3 working days after receipt of the results (NRS 284.4065).

Transport the Employee Home

Once the employee has completed all required testing, it is the appointing authority's responsibility to make sure the employee is transported home. Typically, NHP will not be able to assist with this final step.

VII. EMPLOYEE ASSISTANCE PROGRAM

General Information

The State of Nevada Employee Assistance Program provides assessment, referral, and brief problem resolution services to employees, supervisors, and agencies in dealing with personal concerns and workplace problems, including substance abuse concerns, grief counseling, and debriefing after a death or other traumatic event in the workplace.

For more information or to schedule a consultation, contact the EAP Coordinator in Northern Nevada at (775) 687-3869 or (800) 398-3271 (rural areas and out-of-state), or the EAP Coordinator in Southern Nevada at (702) 486-2929 or (800) 278-1889 (rural areas).

Types of Referrals

There are four types of referrals to the EAP:

1. Self-Referral. The employee calls the EAP Coordinator and schedules an appointment to discuss a personal concern or workplace problem.
2. Informal Management Referral. A supervisor who is counseling an employee about work performance problems may suggest that the employee seek assistance from the EAP before the employee's performance requires disciplinary action.

3. Official Management Referral. The supervisor consults with the EAP Coordinator regarding an employee's work performance problems and schedules an appointment for the employee. (Note: this is the only time that the Supervisor schedules an employee's appointment.)
4. Required Official Management Referral. The employee has had a DUI in a State car, DUI in a personal car on State time, or has been impaired at work and tested positive on a screening test (NAC 284.653 & NRS 284.4062). In these situations, it is mandatory for the supervisor to make an official referral. It is also mandatory for the employee to attend an official referral appointment for an evaluation and follow through with the recommendations of the EAP or face the consequences of discipline.

Making a Required Official Referral to the EAP

1. Supervisor calls or makes an appointment to consult in-person with the EAP Coordinator regarding the employee's work performance problems and/or reasonable suspicion alcohol or drug use concerns;
2. After discussing the employee's work performance problems and strategies already used to assist the employee, the supervisor and the EAP Coordinator schedule an appointment for the employee;
3. Supervisor and EAP Coordinator discuss the preparation of the official referral memo to the employee, which does not represent disciplinary actions, but discusses only the reasons for referral and information regarding the time, date, and location of the appointment, and confidentiality of information;
4. Supervisor sends original memo to employee and copy to EAP (Note: EAP Coordinator must receive memo prior to employee's official referral appointment);
5. Supervisor meets privately with employee to present the official referral memo and to discuss the expectations of and plan for improving work performance; and
6. EAP Coordinator notifies supervisor of the employee's attendance or non-attendance at the appointment. No other information can be released without the employee's written permission.

Required Appointments

In most cases, appointments with the EAP Coordinator are voluntary. However, they are mandatory, per NRS 284.4062 and NAC 284.653, in the following situations:

1. Driving under the influence in a State vehicle;
2. Driving under the influence in a personal vehicle on State time; and
3. Impaired at work and testing positive on a screening test.

In these situations, the employee is required by NAC 284.892 to provide his appointing authority with evidence of his consultation with the EAP, information about the recommended plan of treatment, regular updates on treatment progress, and evidence of his completion of rehabilitation.

APPENDIX I: ALCOHOL AND DRUG NRS'S & NAC'S

Nevada Revised Statutes

NRS 284.406 Policy concerning use of alcohol or drugs by state employees. It is the policy of this state to ensure that its employees do not:

1. Report for work in an impaired condition resulting from the use of alcohol or drugs;
2. Consume alcohol while on duty; or
3. Unlawfully possess or consume any drugs while on duty, at a work site or on state property.

(Added to NRS by 1991, 1348)

NRS 284.4061 Definitions. As used in NRS 284.406 to 284.407, inclusive, unless the context otherwise requires:

1. "Employee" means a person in the classified or unclassified service of the State.
2. "Screening test" means a test of a person's:
 - (a) Breath or blood to detect the general presence of alcohol; or
 - (b) Urine to detect the general presence of a controlled substance or any other drug, which could impair that person's ability to perform the duties of employment safely and efficiently.

(Added to NRS by 1991, 1348; A 1993, 2252; 2001, 1441)

NRS 284.4062 Employee who consumes or is under the influence of alcohol or drugs or who possesses controlled substance on duty is subject to disciplinary action; state agency required to refer certain employees to employee assistance program.

1. Except as otherwise provided in subsection 3, an employee who:
 - (a) Consumes or is under the influence of alcohol while on duty, unless the alcohol is an integral part of a commonly recognized medication which the employee consumes pursuant to the manufacturer's instructions or in accordance with a lawfully issued prescription;
 - (b) Possesses, consumes or is under the influence of a controlled substance while on duty, at a work site or on state property, except in accordance with a lawfully issued prescription; or
 - (c) Consumes or is under the influence of any other drug which could interfere with the safe and efficient performance of his duties, unless the drug is an integral part of a commonly recognized medication which the employee consumes pursuant to the manufacturer's instructions or in accordance with a lawfully issued prescription, is subject to disciplinary action. An appointing authority may summarily discharge an employee who, within a period of 5 years, commits a second act which would subject him to disciplinary action pursuant to this subsection.
2. A state agency shall refer an employee who:
 - (a) Tests positive for the first time in a screening test; and
 - (b) Has committed no other acts for which he is subject to termination during the course of conduct giving rise to the screening test, to an employee assistance program. An employee who fails to accept such a referral or fails to complete such a program successfully is subject to further disciplinary action.
3. Subsection 1 does not apply to:
 - (a) An employee who consumes alcohol in the course of his employment while hosting or attending a special event.
 - (b) A peace officer who possesses a controlled substance or consumes alcohol within the scope of his duties.

(Added to NRS by 1991, 1348; A 1995, 1714)

NRS 284.4063 Grounds for disciplinary action: Failure to notify supervisor after consuming certain drugs; failure or refusal to submit to screening test; failure of screening test. Except as otherwise provided in subsection 5 of NRS 284.4065, an employee who:

1. Fails to notify his supervisor as soon as possible after consuming any drug, which could interfere with the safe and efficient performance of his duties;
2. Fails or refuses to submit to a screening test as requested by a state agency pursuant to subsection 1 or 2 of NRS 284.4065; or
3. After taking a screening test which indicates the presence of a controlled substance, fails to provide proof, within 72 hours after being requested by his appointing authority, that he had taken the controlled substance as directed pursuant to a current and lawful prescription issued in his name, is subject to disciplinary action.

(Added to NRS by 1991, 1349; A 1993, 2252)

NRS 284.4064 Appointing authority authorized to require employee who has consumed drug to obtain clearance from physician; inquiry regarding use of alcohol or drug by employee; preventing employee from continuing work.

1. If an employee informs his appointing authority that he has consumed any drug which could interfere with the safe and efficient performance of his duties, the appointing authority may require the employee to obtain clearance from his physician before he continues to work.

2. If an appointing authority reasonably believes, based upon objective facts, that an employee's ability to perform his duties safely and efficiently:

(a) May be impaired by the consumption of alcohol or other drugs, it may ask the employee whether he has consumed any alcohol or other drugs and, if so:

(1) The amount and types of alcohol or other drugs consumed and the time of consumption; and

(2) If a controlled substance was consumed, the name of the person who prescribed its use.

(b) Is impaired by the consumption of alcohol or other drugs, it shall prevent the employee from continuing work and transport him or cause him to be transported safely away from his place of employment in accordance with regulations adopted by the Commission.

(Added to NRS by 1991, 1349; A 2003, 1449)

NRS 284.4065 Screening tests: General provisions.

1. Except as otherwise provided in subsection 2, an appointing authority may request an employee to submit to a screening test only if the appointing authority:

(a) Reasonably believes, based upon objective facts, that the employee is under the influence of alcohol or drugs which are impairing his ability to perform his duties safely and efficiently;

(b) Informs the employee of the specific facts supporting its belief pursuant to paragraph (a), and prepares a written record of those facts; and

(c) Informs the employee in writing:

(1) Of whether the test will be for alcohol or drugs, or both;

(2) That the results of the test are not admissible in any criminal proceeding against him; and

(3) That he may refuse the test, but that his refusal may result in his dismissal or in other disciplinary action being taken against him.

2. An appointing authority may request an employee to submit to a screening test if the employee:

(a) Is a law enforcement officer and, during the performance of his duties, he discharges a firearm, other than by accident; or

(b) During the performance of his duties, drives a motor vehicle in such a manner as to cause bodily injury to himself or another person or substantial damage to property. For the purposes of

this subsection, the Commission shall, by regulation, define the term “substantial damage to property.”

3. An appointing authority may place an employee who submits to a screening test on administrative leave with pay until the appointing authority receives the results of the test.

4. An appointing authority shall:

(a) Within a reasonable time after an employee submits to a screening test to detect the general presence of a controlled substance or any other drug, allow the employee to obtain at his expense an independent test of his urine or blood from a laboratory of his choice which is certified by the Department of Health and Human Services.

(b) Within a reasonable time after an employee submits to a screening test to detect the general presence of alcohol, allow the employee to obtain at his expense an independent test of his blood from a laboratory of his choice.

(c) Provide the employee with the written results of his screening test within 3 working days after it receives those results.

5. An employee is not subject to disciplinary action for testing positive in a screening test or refusing to submit to a screening test if the appointing authority fails to comply with the provisions of this section.

6. An appointing authority shall not use a screening test to harass an employee.

(Added to NRS by 1991, 1350; A 1993, 2253; 1997, 1606; 2003, 1450)

NRS 284.4066 Screening tests: Applicants for positions affecting public safety required to take screening test; appointing authority authorized to consider results; provision of results to applicant upon request.

1. Each appointing authority shall, subject to the approval of the Commission, determine whether each of its positions of employment affects the public safety. The appointing authority shall not hire an applicant for such a position unless he submits to a screening test to detect the general presence of a controlled substance. Notice of the provisions of this section must be given to each applicant for such a position at or before the time of application.

2. An appointing authority may consider the results of a screening test in determining whether to employ an applicant. If those results indicate the presence of a controlled substance, the appointing authority shall not hire the applicant unless he provides, within 72 hours after being requested by the appointing authority, proof that he had taken the controlled substance as directed pursuant to a current and lawful prescription issued in his name.

3. An appointing authority shall, at the request of an applicant, provide him with the results of his screening test.

(Added to NRS by 1991, 1350; A 1993, 2254; 2003, 1450)

NRS 284.4067 Screening tests: Requirements for administration; use; results.

1. A screening test:

(a) To detect the general presence of a controlled substance or any other drug, must be conducted by an independent laboratory that is certified by the Department of Health and Human Services.

(b) To detect the general presence of alcohol or of a controlled substance or any other drug, must be administered in such a manner as to protect the person tested from any unnecessary embarrassment.

2. Except as otherwise provided in subsection 3, a sample of urine provided for use in a screening test must not be used for any test or purpose without the prior written consent of the person providing the sample. The appointing authority shall ensure that the person retains possession and control of his sample until it is appropriately tagged and sealed with tamper-proof tape.

3. If the results of a screening test indicate the presence of any drug which could impair the ability of a person to perform the duties of employment safely and efficiently:

(a) The laboratory shall conduct another test of the same sample of urine to ascertain the specific substances and concentration of those substances in the sample; and

(b) The appointing authority shall provide the person tested with an opportunity to have the same sample tested at his expense by a laboratory of his choice certified by the Department of Health and Human Services.

(Added to NRS by 1991, 1351; A 1993, 2254; 1997, 1607)

NRS 284.4068 Screening tests: Results confidential; admissibility of results; security; disclosure. Except as otherwise provided in NRS 239.0115, the results of a screening test taken pursuant to NRS 284.4061 to 284.407, inclusive, are confidential and:

1. Are not admissible in a criminal proceeding against the person tested;

2. Must be securely maintained by the appointing authority or his designated representative separately from other files concerning personnel; and

3. Must not be disclosed to any person, except:

(a) Upon the written consent of the person tested;

(b) As required by medical personnel for the diagnosis or treatment of the person tested, if he is physically unable to give his consent to the disclosure;

(c) As required pursuant to a properly issued subpoena;

(d) When relevant in a formal dispute between the appointing authority and the person tested; or

(e) As required for the administration of a plan of benefits for employees.

(Added to NRS by 1991, 1351; A 2007, 2087)

NRS 284.4069 Training for supervisors. The Department shall provide training in the provisions of NRS 284.4061 to 284.407, inclusive, to employees of appointing authorities whose duties include the supervision of other employees.

(Added to NRS by 1991, 1351)

NRS 284.407 Regulations. The Commission shall adopt such regulations as are necessary to carry out the purposes of NRS 284.406 to 284.4069, inclusive.

(Added to NRS by 1991, 1352; A 2003, 1451)

Nevada Administrative Code

NAC 284.880 Definitions. (NRS 284.065, 284.155, 284.407) As used in NAC 284.880 to 284.894, inclusive, unless the context otherwise requires:

1. "Employee" has the meaning ascribed to it in subsection 1 of NRS 284.4061.

2. "Screening test" has the meaning ascribed to it in subsection 2 of NRS 284.4061.

(Added to NAC by Dep't of Personnel, eff. 12-26-91)

NAC 284.882 Administration of screening tests. (NRS 284.065, 284.155, 284.407) A screening test to detect the general presence of:

1. A controlled substance must comply with the standards and procedures established by the Department of Health and Human Services which are hereby adopted by reference. A copy of the standards and procedures is available, without charge, from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Division of Workplace, 5600 Fishers Lane, Parklawn Building, 13A-54, Rockville, Maryland 20857.

2. Alcohol by testing a person's breath must be conducted by an operator certified in accordance with NAC 484.640 using a breath-testing device certified in accordance with NRS 484.3882 and NAC 484.660.

(Added to NAC by Dep't of Personnel, eff. 12-26-91; A 10-27-97; R082-00, 8-2-2000)

NAC 284.884 Maximum allowable concentrations of alcohol in blood or breath of employee; confirmation of positive result on screening test of breath. (NRS 284.065, 284.155, 284.407)

1. An employee must not have a concentration of alcohol in his blood or breath greater than .01 gram by weight of alcohol per 100 milliliters of his blood or per 210 liters of his breath while on duty. Disciplinary action may be taken by the appointing authority in accordance with the provisions of NAC 284.638 to 284.656, inclusive, if a screening test indicates that the concentration of alcohol in the blood or breath of the employee is greater than .01 gram by weight of alcohol per 100 milliliters of his blood or per 210 liters of his breath while on duty.

2. A positive result on a screening test of a person's breath must be confirmed by a second screening test. The second screening test must be conducted immediately after receipt of the positive result of the first screening test.

(Added to NAC by Dep't of Personnel, eff. 12-26-91; A by R058-01, 9-6-2001)

NAC 284.886 Screening test for controlled substance required of applicant for position affecting public safety; exception. (NRS 284.065, 284.155, 284.407)

1. Except as otherwise provided in this section, an applicant for a position that is designated by the Personnel Commission as affecting public safety must submit to a screening test to detect the general presence of a controlled substance unless he is employed by the State in a position that is also designated as affecting public safety at the time he applies.

2. A person who has been laid off from a position affecting public safety and who is reemployed in a class affecting public safety within 1 year after the date he was laid off is not required to submit to a screening test pursuant to this section.

(Added to NAC by Dep't of Personnel, eff. 12-26-91; A 3-23-94)

NAC 284.888 Request for employee to submit to screening test: Interpretation of grounds; completion of required form. (NRS 284.065, 284.155, 284.407)

1. Objective facts upon which an appointing authority may base a reasonable belief that an employee is under the influence of alcohol or drugs which impair the ability of the employee to perform his duties safely and efficiently include, but are not limited to:

- (a) The operation of a motor vehicle by the employee in any manner that causes bodily harm;
- (b) Abnormal conduct or erratic behavior by the employee that is not otherwise normally explainable;
- (c) The odor of the breath of the employee and a decline in job performance that is not otherwise normally explainable;
- (d) Observation of the employee consuming alcohol and a resulting decline in job performance that is not otherwise normally explainable; or
- (e) Observation of the employee possessing a controlled substance or using a controlled substance that is reported by a credible source.

2. Pursuant to subsection 2 of NRS 284.4065, "substantial damage to property" includes, but is not limited to:

- (a) The operation of a motor vehicle in such a manner as to cause more than \$2,500 worth of property damage; or
- (b) The operation of a motor vehicle in such a manner as to cause two property accidents within a 1-year period.

3. Before requiring an employee to submit to a screening test, a supervisor must complete a form provided by the Department of Personnel.

(Added to NAC by Dep't of Personnel, eff. 12-26-91)

NAC 284.890 Transportation of employee to and from location of screening test. (NRS 284.065, 284.155, 284.407) If an employee is required to submit to a screening test, the appointing authority shall provide transportation for the employee to the location of the test. After the employee submits to the screening test, the appointing authority shall provide transportation for the employee to his home.

(Added to NAC by Dep't of Personnel, eff. 12-26-91)

NAC 284.892 Duties of employee who is referred to employee assistance program. (NRS 284.065, 284.155, 284.407)

1. If an employee is referred to an employee assistance program as a result of a positive result on a screening test or pursuant to NAC 284.653, he shall provide to the appointing authority:

(a) Evidence of his consultation with a counselor employed by an employee assistance program; and

(b) Any recommendation of the counselor with respect to his rehabilitation, within 5 working days after the date of the initial consultation.

2. The employee shall provide to the appointing authority on a monthly basis all recommendations of the counselor with respect to his rehabilitation.

3. The employee shall provide to the appointing authority evidence of his completion of any rehabilitation program recommended by the counselor within 5 working days after his completion of the program.

4. An employee who fails to provide evidence of his consultation with a counselor or successful completion of a rehabilitation program is subject to disciplinary action.

(Added to NAC by Dep't of Personnel, eff. 12-26-91; A 11-12-93)

NAC 284.894 Treatment of applicant who tests positive; treatment of employee who tests positive twice within 5-year period. (NRS 284.065, 284.155, 284.407)

1. An applicant who tests positive for the use of a controlled substance must not be considered by an appointing authority for employment in any position which requires such testing until:

(a) One year has passed from the time of the positive test; or

(b) The applicant provides evidence that he has successfully completed a rehabilitation program for substance abuse.

2. An employee who tests positive for the use of a controlled substance or alcohol for the second time within a 5-year period is subject to disciplinary action by the appointing authority and may be terminated at the discretion of the appointing authority.

(Added to NAC by Dep't of Personnel, eff. 12-26-91; A 7-1-94)

NAC 284.653 Driving under the influence; unlawful acts involving controlled substance. (NRS 284.065, 284.155, 284.383, 284.385, 284.407)

1. An employee is subject to any disciplinary action set forth in subsection 2, as determined by the appointing authority, if the employee is convicted of any of the following offenses:

(a) If the offense occurred while the employee was driving a state vehicle, or a privately owned vehicle on state business:

(1) Driving under the influence in violation of NRS 484.379; or

(2) Any offense resulting from an incident in which the employee was:

(I) Originally charged with driving under the influence; or

(II) Charged with any other offense for which driving under the influence is an element of the offense.

(b) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance on the premises of the workplace or on state business.

2. An appointing authority may impose the following disciplinary actions if an employee is convicted of an offense set forth in subsection 1:

(a) For the first offense:

(1) Dismissal;

(2) Demotion, if permitted by the organizational structure of the agency for which he is employed;

(3) Suspension for 30 calendar days; or

(4) Suspension for 30 calendar days and demotion.

(b) For the second offense within 5 years, dismissal.

3. An employee who is suspended or demoted pursuant to subsection 2 must:

(a) Agree to be evaluated through the Employee Assistance Program; and

(b) Complete any program of treatment recommended by the evaluation.

4. If an employee fails to complete the program of treatment, the appointing authority must dismiss the employee.

5. Pursuant to NRS 193.105, an employee who is convicted of violating any state or federal law prohibiting the sale of a controlled substance must be dismissed.

6. An employee must report a conviction of any offense described in this section to his appointing authority within 5 working days after it occurs. If he fails to make that report, he must be dismissed.

(Added to NAC by Dep't of Personnel, eff. 7-22-87; A 4-20-90; 3-27-92; A by Personnel Comm'n by R147-06, 12-7-2006)

APPENDIX II: FORMS

This section includes examples of the following forms:

- Chain of Custody Form
- Negative Test Result - Sample
- Positive Test Result - Sample
- Report Form for Suspected Alcohol/Drug Impairment (TS-77)
- Alcohol/Drug Test Consent Form (TS-76)
- Employee Breath Test for Alcohol (TS-69)

CHAIN OF CUSTODY FORM

CHAIN OF CUSTODY FORM

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

Customer Service: 800-833-3984



SPECIMEN ID NO. **0777090414**

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address and I.D. No.</p>	<p>B. MRO Name, Address, Phone and Fax No. 197016</p> <p>DRUG FREE WORKPLACES, INC. ATTN: MORRIS SIMHACHALAM, D.O. 27 WEST ROMANA STREET FAX # 850-434-8244 PENSACOLA FL 32502</p> <p>850-434-3782 FAX: 850-434-8244</p>
<p>C. Donor SSN or Employee I.D. No.</p>	
<p>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 _____</p>	
<p>E. Collection Site Address:</p>	
<p>F. Donor Identification Verified By: <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Employer Representative</p>	
<p>Collector Phone No. _____</p> <p>Collector Fax No. _____</p>	

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'S NAME (FIRST, MI, LAST) _____ SIGNATURE OF DONOR _____ INITIAL _____ MONTH _____ DAY _____ YEAR _____

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

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.

<p>X _____ Signature of Collector</p>	<p>Time of Collection _____ AM _____ PM _____</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____</p> <p>Name of Delivery Service Transferring Specimen to Lab</p>
<p>(PRINT) Collector's Name (First, MI, Last)</p>	<p>Date (Mo/Day/Yr.)</p>	

<p>RECEIVED AT LAB:</p> <p>X _____ Signature of Accessioner</p> <p>(PRINT) Accessioner's Name (First, MI, Last)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, Enter Remark Below</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p>
--	---	---

Printed: 10/08

CONTAINER SEAL

DTS - RTP
3000

0777090414

Bottle A

Bottle B (SPLIT)

A	_____/_____/_____ DATE	_____ DONOR'S INITIALS
B SPLIT	_____/_____/_____ DATE	_____ DONOR'S INITIALS

NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER, SHOWN HERE



NEGATIVE RESULT SAMPLE

27 W. Romana St. Pensacola, FL 32502
(850) 434-3782 - FAX: (850) 434-8244
www.drugfreeworkplaces.com

Company: My Practice Demo Company (DEMO)
Participant: Eric Gutton
Participant ID: 19
SSN: 233-33-3333

Results of Controlled Substance Test

Record Status: Negative
Test Type: Pre-Employment
Collection Date/Time: 10/08/2002
Batch ID: 20021018
Specimen ID: 010100101010
Date COC Received: 03/03/2008

Laboratory: Lab Corp
1904 Alexander Drive
Research Triangle Park, NC 27709
Collection Site:

Specimen Collector: J Ludwig, CBAT

Test Panel 5-Substances

<u>Test Performed</u>	<u>Result</u>	<u>Test Performed</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana	Negative	Phencyclidine	Negative
Opiates	Negative		



POSITIVE RESULT SAMPLE

27 W. Romana St. Pensacola, FL 32502
(850) 434-3782 - FAX: (850) 434-8244
www.drugfreeworkplaces.com

Company: My Practice Demo Company (DEMO)
Participant: Arron Bower
Participant ID: 10
SSN: 199-99-9999

Results of Controlled Substance Test

Record Status: Positive
Test Type: Pre-Employment
Collection Date/Time: 11/25/2003
Batch ID: 554654
Specimen ID: 0222044400
Medical Review Officer: Stan Scanlon
Sample Type: Urine
Test Panel 5-Substances

Laboratory: Medical Services Facility
111 Seventeenth St.
Altoona, PA 18034-1138
Collection Site: LabCorp Las Vegas NV
9315 W. Sunset Road, Suite 102
Las Vegas, NV 89148
Verification Date: 11/25/2003

<u>Test Performed</u>	<u>Result</u>	<u>Test Performed</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana	Positive	Phencyclidine	Negative
Opiates	Negative		

Please give the employee the name and telephone number of a Substance Abuse Professional in the event of a positive result.

No Medical Explanation

REPORT FORM FOR SUSPECTED ALCOHOL/DRUG IMPAIRMENT

REQUIRED ACTION

It is the responsibility of each supervisor to take immediate action and to complete this form whenever the supervisor observes or is made aware of a situation where an employee is suspected of being under the influence of alcohol or a controlled substance and objective facts support a drug screening test.

REASONABLE BELIEF

For the purposes of requiring an employee to submit to a drug screening test, a reasonable belief must exist that an employee is under the influence of alcohol or a controlled substance. Objective facts upon which a belief may be based include but are not limited to the following:

1. The operation of a motor vehicle in such a manner as to cause bodily harm;
2. The operation of a motor vehicle in such a manner as to cause more than \$2,500 worth of property damage;
3. The operation of a motor vehicle in such a manner as to cause two property accidents within a one year period of time;
4. Abnormal conduct or erratic behavior not otherwise normally explained (use checklist to establish reasonable suspicion);
5. The odor of the breath and a decline in job performance that is not otherwise normally explainable.
6. Observation of alcohol use and a resulting decline in job performance that is not otherwise normally explainable.
7. Observation of the possession or use of a controlled substance that is reported by a credible source.

REQUIRED PROCEDURE

1. Have another supervisor or employee confirm your observations. Complete sections (2) through (9) on this form.
2. Name of Employee: _____
3. Position of Employee: _____
4. Date of Incident: _____ 5. Time of Incident: _____
6. State the objective evidence giving reasonable belief that the employee was under the influence of alcohol or a controlled substance at the time of the incident or observation. Physical evidence, witness statements, and other pertinent information should be retained and filed for future reference. (Use additional sheets, if necessary.)

REPORT FORM - SUSPECTED ALCOHOL/DRUG IMPAIRMENT (cont'd)

- 7. The supervisor should request the employee's presence. The employee should be reminded of the State policy on the use of alcohol and controlled substances and be presented with the specific charge(s) and supporting evidence.

Be sure the employee receives a copy of the consent form which advises the employee that:

- a. He will be tested for alcohol, drugs, or both;
- b. The results of the test are not admissible in a criminal proceeding against him; and
- c. He may refuse the test, but his refusal may result in his dismissal or other disciplinary action.

NOTE: NRS 284.4065 requires that an employee receive this information in writing. The consent form meets this requirement.

- 8. If the employee has a response to the charge(s), it should be recorded below and a proper investigation completed where warranted.

- 9. Request the employee to submit to a screening test for alcohol and/or controlled substance. (Circle one or both.)

- a. If the employee agrees, have the employee sign the "Alcohol/Drug Test Consent Form" and proceed to have the employee tested. Pursuant to agency policy, place the employee on administrative leave if applicable, pending the results of the screening test and appropriate disposition by the appointing authority.
- b. If the employee refuses to be tested or sign the consent form, the employee should be informed that his refusal may result in disciplinary action up to and including termination.

- 10. In cases where an employee is suspected of being under the influence of alcohol or a controlled substance, contact the Nevada Highway Patrol for assistance in conducting and transporting the employee for tests and to his home.

Signature of Supervisor

Date

Signature of Witness

Date

ALCOHOL/DRUG TEST CONSENT FORM

EMPLOYER: If applicable, state objective facts giving rise to the belief that the employee is under the influence of alcohol or a controlled substance.

[Click here and type brief statement]

I, [Click here and type name] pursuant to a request by my appointing authority or as a condition of employment with the State of Nevada, Department of [Click here and type department name] hereby give my consent to and authorize the State and the testing laboratory designated by the State to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Employer: circle all that apply**) in my urine, blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within the State who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by the State in its assessment of my employment application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

A positive test for alcohol and/or drugs, or my refusal to authorize the test(s) by signing this form, taking the specified test(s) or producing a specimen, may result in the following action:

Applicants - rejection of my employment application for public safety related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program.

Employees - referral to an Employee Assistance Program and/or disciplinary action up to and including termination in accordance with statute, regulation, and any applicable policy.

Applicant/Employee Signature

Date

Supervisor's Signature if employee refuses to sign

Date

Witness Signature if employee refuses to sign

Date

Distribution:

Agency Copy

Employee/Applicant Copy

TS-76
Rev.1/09

EMPLOYEE BREATH TEST FOR ALCOHOL

INTOXILYZER 5000 CHECK LIST

INSTRUMENT SERIAL #:

DEPARTMENT	DIVISION:
EMPLOYEE:	DATE:
OPERATOR:	CERTIFICATE #:

OPERATOR SHALL READ, PERFORM, AND CHECK EACH STEP

TIME OBSERVATION PERIOD STARTED: _____ HOURS (OBSERVE SUBJECT MINIMUM 15 MINUTES BEFORE TESTING)

- 1. Does subject have removable dental work (dentures, partial)? YES NO If yes, have subject remove dental work, rinse mouth out with water, and then replace dental work.
- 2. Check subject's mouth for foreign objects (i.e., chewing tobacco, breath mints, candy, gum, coins).
- 3. Wait **15 MINUTES** with close visual contact of subject before taking the first sample. If the subject eats; drinks; smokes; belches; burps; regurgitates; vomits; or puts any foreign object in his/her mouth, you must wait an additional **15 MINUTES!**
- 4. OBSERVATION PERIOD WAS COMPLETED SATISFACTORILY:
COMMENTS:
- 5. The simulator solution **MUST** be 34 \pm 0.5 Degrees Centigrade. Fill in information from label attached to simulator.
Certified Value of Simulator Solution:
Lot Number:
Replacement Value of Simulator Solution:
- 6. In display window observe **READY TO START** scrolling across screen. To start the test, push the **START TEST** button at any time.
- 7. Insert an evidence card into the card slot located on front of the instrument. Make sure to insert the card face up with the top "in" according to instructions printed on the card.
- 8. Display will request an **IDENTIFICATION NO.** Enter **zeros (000000)** for the employee testing and answer subsequent prompts by following **TEST DATA ENTRY SEQUENCE** accompanying the instrument.
- 9. After completing the "test data entry sequence", the instrument will automatically run an air blank and calibration check using the simulator solution. A test cannot be administered if the simulator solution tests **OUT OF RANGE**. If this occurs, determine reason why or replace simulator solution. Unit is **OUT OF SERVICE** if simulator solution continues to test **OUT OF RANGE**.
- 10. When prompt displays "**PLEASE BLOW/R INTO MOUTHPIECE UNTIL TONE STOPS**" attach a clean mouthpiece and request subject blow with a long, continuous breath into the breath tube until the tone stops.
- 11. **SUBJECT MUST PROVIDE A SECOND SAMPLE.** It can be considered a refusal if the second sample is not given.
- 12. When prompt displays "**PLEASE BLOW/R INTO MOUTHPIECE UNTIL TONE STOPS**" "**PLEASE BLOW/R**" (flashing) attach a clean mouthpiece and request subject blow into mouthpiece again until tone stops.
- 13. If subject is not willing to provide an additional sample, check here . Then press the "**R**" key followed by **RETURN**. The instrument will not accept this command until after the beep is heard and "**PLEASE BLOW/R**" is flashing in the display.
- 14. If the two samples given do not agree with 0.02%, the instrument will automatically request another sample be given. When requested, have subject deliver **THIRD** sample. Check if third sample requested. Failure to provide a third sample can be considered a refusal.
- 15. Instrument will automatically printout the results, **REMOVE TEST PRINTOUT** and fill in information requested. **CORRECT TIME/DATE IF NECESSARY** and **INITIAL**. **RECORD** necessary information below.

RESULTS: SIMULATOR _____ TEST #1 _____ TEST #2 _____ TEST #3 _____ END OF TEST: _____ HOURS

ATTACH TEST RECORD

APPENDIX III: COLLECTION SITES FOR ALCOHOL AND DRUG TESTING

Drug Free Workplaces, Inc. provides sample collection services for drug and alcohol testing through a nationwide network of sites. It is important to obtain services from a designated primary collection site in order to receive the contracted price. When testing after normal business hours or following an accident, a site indicated with an “A” can be used for testing. The following table of *Collection Sites for Drug Testing* lists authorized collection sites and their designation for the State of Nevada:

(P) Primary Testing Site

(A) After hours/Post Accident Site

Following the collection sites table is a list of confirmatory test sites for alcohol testing (e.g. State and local law enforcement agencies).

COLLECTION SITES FOR DRUG TESTING

COLLECTION SITES FOR DRUG TESTING	
<p>CARSON CITY</p> <p>LabCorp (P) 604 W. Washington St., Ste. D Carson City, NV 89701 775-885-6777 Monday - Friday 7:00 am - 4:00 pm</p>	<p>Carson-Tahoe Regional Medical Center (A) 1600 Medical Parkway Carson City, NV 89701 775-445-8000 Post Accident: 24/7</p>
<p>INCLINE VILLAGE</p> <p>LabCorp (P) 889 Alder Ave., Ste. 103 Incline Village, NV 89451 775-832-1013 Monday - Friday 8:00 am - 1:30 pm 2:00 pm - 4:00 pm</p>	
<p>ELKO</p> <p>Pioneer Urgent Care (P) 674 Cedar St. Elko, NV 89801 775-738-2034 Monday - Thursday 10:00 am - 6:00 pm Fri - 11:00 am - 6:00 pm Sat - 11:00 am - 5:00 pm</p>	<p>Northeastern Nevada Regional Hospital (A) 2001 Errecart Blvd. Elko, NV 89801 775-748-2110 Post Accident: 24/7</p>
<p>ELY</p> <p>William B. Ririe Hospital (P) 1500 Ave. H Ely, NV 85301 775-289-3467 Monday - Friday 7:00 am - 5:00 pm Post Accident: 24/7</p>	<p>FALLON</p> <p>Workcare Banner Occupational Health (P) 115 N. Ada St. Fallon, NV 89406 775-423-3735 Mon - Fri 7:00 am - 12:00 pm 1:00 pm - 4:00 pm Post Accident 24/7</p>

<p>HAWTHORNE</p> <p>Mt. Grant General Hospital (P) 1st St. & A St. Hawthorne, NV 89415 775-945-2461 By Appointment Post Accident: 24/7</p>	<p>LOVELOCK</p> <p>Pershing General Hospital (P) 885 6th St. Lovelock, NV 89419 775-273-2621 Monday - Friday 8:00 am - 4:00 pm Post Accident 24/7</p>
<p>RENO</p> <p>LabCorp (P) 890 Mill St., Ste. 105 Reno, NV 89502 775-334-3562 Monday - Friday 6:30 am - 5:30 pm Saturday 7:00 am - 1:00 pm</p>	<p>LabCorp (P) 15 McCabe Dr., Ste. 103 Reno, NV 89511 775-850-3611 Monday - Friday 7:00 am - 4:00 pm Saturday 7:00 am - 12:00 pm</p>
<p>St. Mary's Regional Medical Center (A) 235 W. 6th St. Reno, NV 89503 775-770-3000 Post Accident: 24/7</p>	
<p>SPARKS</p> <p>LabCorp (P) 1335 Baring Blvd. Sparks, NV 89434 775-352-1509 Monday - Friday 7:00 am - 5:00 pm</p>	<p>WELLS</p> <p>Wells Rural Medical Clinic (P) 197 Baker St. Wells, NV 89835 775-752-3322</p>
<p>WINNEMUCCA</p> <p>Humboldt General Hospital (P) 118 E. Haskell St. Winnemucca, NV 89445 775-623-5222 Monday - Friday 8:00 am - 5:00 pm Post Accident: 24/7</p>	

YERINGTON	
Yerington Paiute Tribal Clinic (P) 171 Campbell Ln. Yerington, NV 89447 775-463-3335 Monday - Friday 10:00 am - 4:00 pm	South Lyon Medical Center (A) Whitacre St. & Surprise Ave. Yerington, NV 89447 775-463-2301 Post Accident 24/7
CALIENTE	
Grover C. Dils Medical Center (P) 700 N. Spring St. Caliente, NV 89008 775-726-3171 Monday - Friday 8:00 am - 4:00 pm Post Accident: 24/7	
LAS VEGAS	
LabCorp (P) 2801 W. Charleston Blvd., Ste. 2201 Las Vegas, NV 89102 702-878-4217 Monday - Friday 9:00 am - 7:00 pm Saturday - Sunday 9:00 am - 3:00 pm	LabCorp (P) 8551 W. Lake Mead Blvd., Ste. 200 Las Vegas, NV 89128 702-383-6309 Monday - Friday 9:00 am - 3:00 pm
Labcorp (P) 9315 W. Sunset Rd., Ste. 102 Las Vegas, NV 89148 702-946-5117 Mon - Fri 9:00 am - 11:30 pm 1:00 pm - 3:00 pm	Valley Hospital Medical Center (A) 620 Shadow Ln. Las Vegas, NV 89106 702-577-2227 Post Accident: 24/7
NORTH LAS VEGAS	
LabCorp (P) 2280 McDaniel St. North Las Vegas, NV 89030 702-642-1462 Monday - Friday 9:00 am - 3:00 pm Saturday - Sunday 9:00 am - 3:00 pm	LabCorp (P) 3440 W. Cheyenne Ave., A400 North Las Vegas, NV 89032 702-645-5794 Mon - Fri 9:00 am - 10:30 am 12:00 pm - 3:00 pm

<p>TONOPAH</p> <p>Nye Regional Medical Center (P) 825 Erie Main St. Tonopah, NV 89049 775-482-6233 Monday - Friday 8:00 am - 5:00 pm Post Accident: 24/7</p>	
<p>For assistance with a laboratory, please call Drug Free Workplaces, Inc. at 1-850-434-3782, or contact the Department of Personnel at 775-684-0111.</p>	

CONFIRMATORY TEST SITES FOR ALCOHOL TESTING (ONLY)
(State and Local Law Enforcement Jurisdictions)

The following is a list of breath machine locations available to State agencies:

Region I - Las Vegas

Southern Area Commander

Telephone # (702) 486-4100 (ext. 273 or 275 for non-emergency dispatch.)

Alamo -- Lincoln County Sheriff's Office
Beatty -- Nye County Sheriff's Office
Boulder City -- Police Department
Caliente -- Lincoln County Sheriff's Office
Goldfield -- Esmeralda County Sheriff's Office
Henderson -- Jail
Indian Springs -- Metropolitan Police Department Substation
Lake Mead -- National Park Service Ranger Station
Las Vegas -- Clark County Detention Center
Las Vegas -- Las Vegas City Detention Center
Las Vegas -- Juvenile Court Detention Center
Las Vegas -- Metropolitan Police Department
Laughlin -- Metropolitan Police Department Substation
Mesquite -- Police Department and Juvenile Processing Center
Mt. Charleston -- Metropolitan Police Department Substation
Moapa -- Police Department
Nellis Air Force Base
North Las Vegas -- Police Department
Overton -- Metropolitan Police Department Substation
Pahrump -- Nye County Sheriff's Office
Pioche -- Lincoln County Sheriff's Office
Searchlight -- Metropolitan Police Department Substation
Tonopah -- Nye County Sheriff's Office

Region II - Reno

Region Commander

Telephone # (775) 688-2500 (press 2 for non-emergency dispatcher)

Carson City -- Carson City Jail
Dayton -- Lyon County Sheriff's Office Substation
Fallon -- Churchill County Sheriff's Jail
Fallon -- Police Department
Fernley -- Lyon County Sheriff's Office Substation
Hawthorne -- Mineral County Sheriff's Office
Incline Village -- Washoe County Sheriff's Office
Lovelock -- Pershing County Sheriff's Office
Minden -- Douglas County Jail
Reno -- Washoe County Sheriff's Office Jail

Silver Springs -- Lyon County Sheriff's Office Substation
Stateline -- Douglas County Jail
Yerington -- Lyon County Jail

Region III - Elko

Region Commander

Telephone # (775) 753-1111 (rolls to dispatch after 5:00pm)

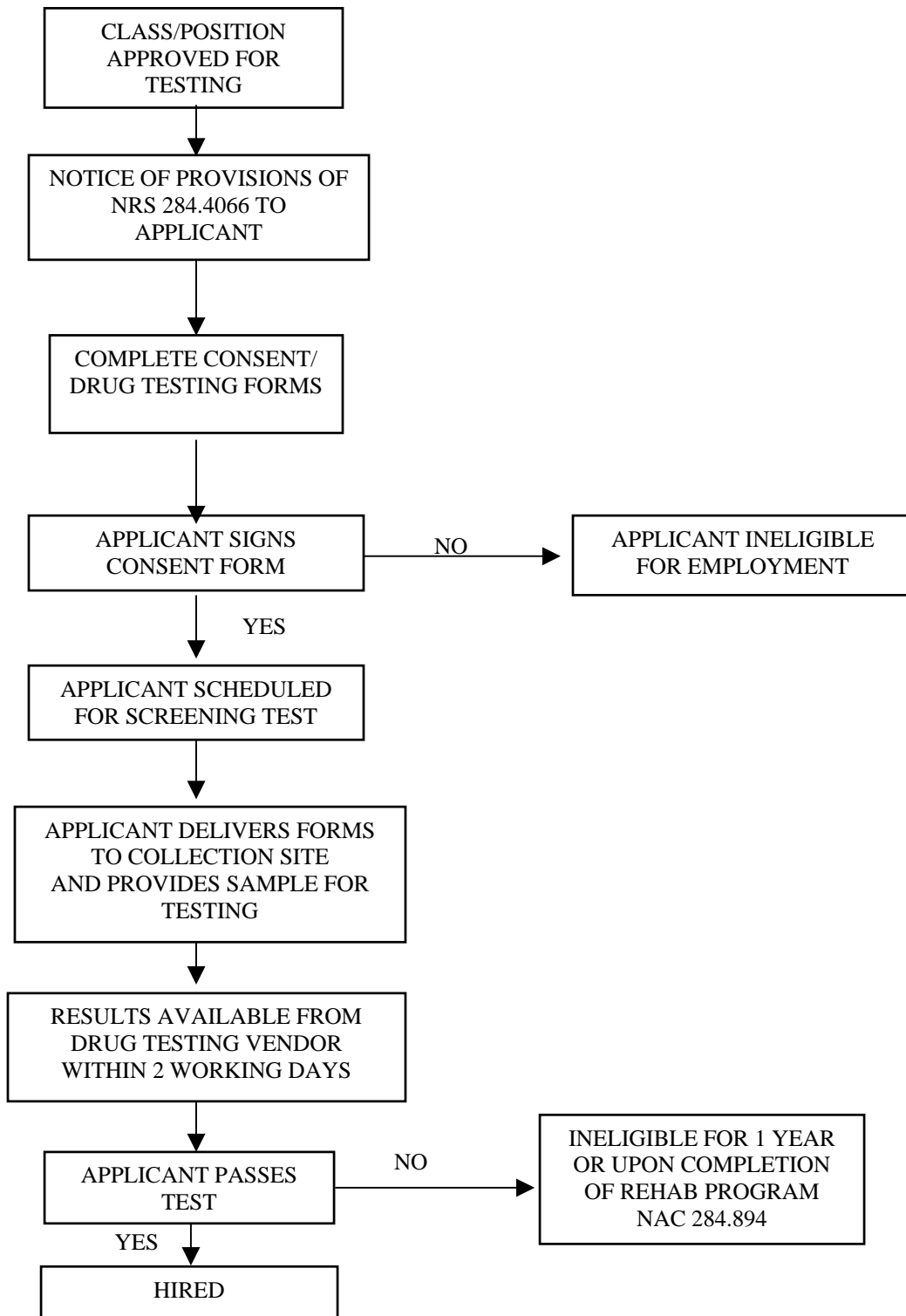
Battle Mountain -- Lander County Sheriff's Office
Carlin -- Police Department
Crescent Valley -- Eureka County Sheriff's Office
Elko -- Elko County Sheriff's Office Jail
Ely -- White Pine County Sheriff's Office
Eureka -- Eureka County Sheriff's Office
Jackpot -- Elko County Sheriff's Office
McDermitt - Humboldt County Sheriff's Office
Wells -- Nevada Highway Patrol Office
Wendover -- Police Department
Winnemucca -- Humboldt County Sheriff's Office

APPENDIX IV: TOOLS FOR SUPERVISOR

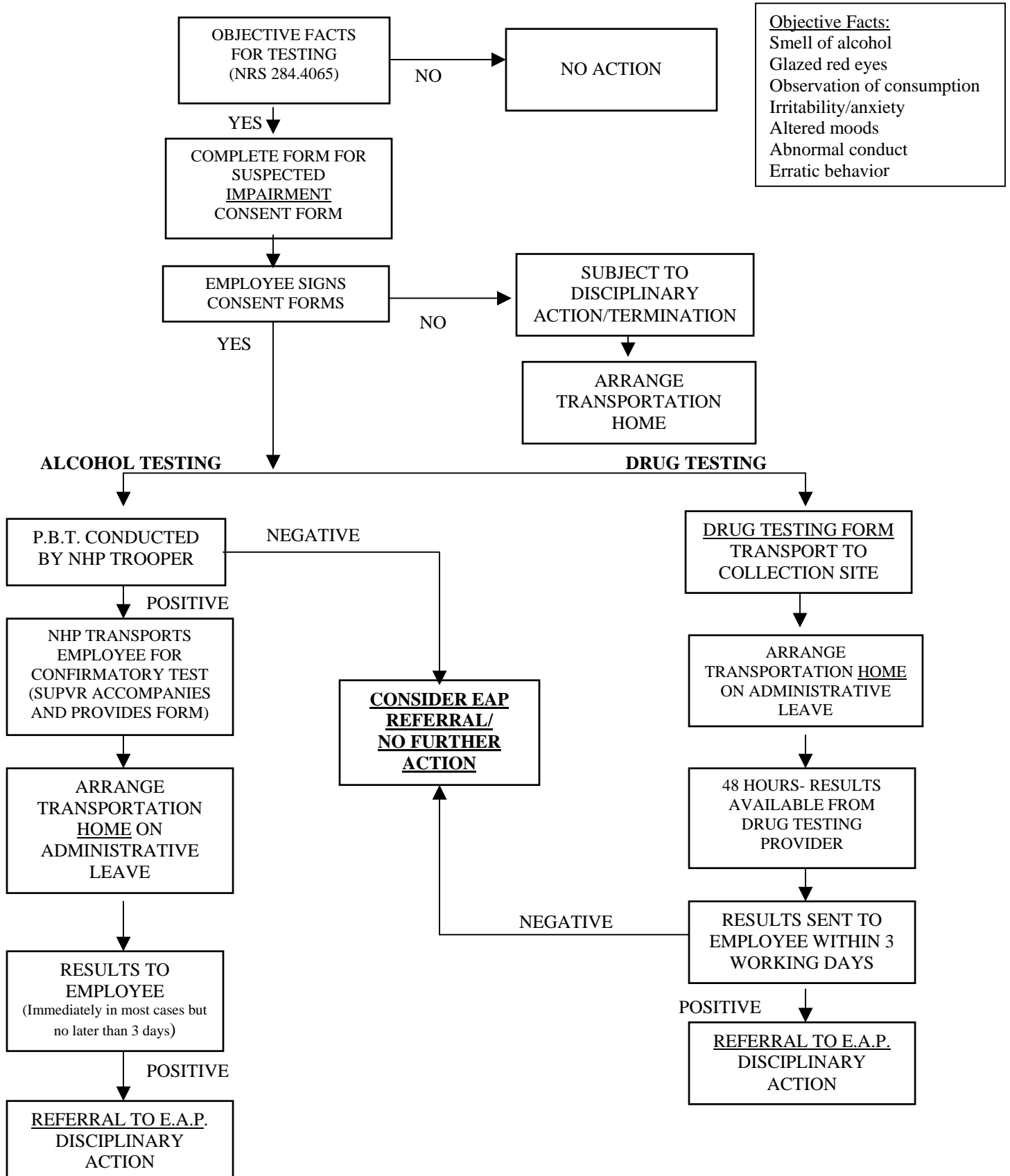
Attached are copies of resources that a supervisor may find helpful when dealing with reasonable suspicion cases. The forms are not intended to be mutually exclusive. Instead, the purpose of this appendix is to offer various documents that different agencies find useful for their supervisors. The supervisors should use the tool that works best for them.

- **Flowchart for Pre-Employment Drug Testing**
This flowchart offers a visual diagram of the steps for pre-employment testing.
- **Reasonable Suspicion Drug and Alcohol Testing Flowchart**
This flowchart offers a visual diagram for reasonable suspicion. The Department of Personnel's flowchart was updated based on the Department of Motor Vehicles' flowchart developed by Lou Anne Geissler, Management Analyst.
- **Alcohol and Drug Indicator Checklist (Optional)**
This flowchart was developed by Bob Sinnett of Sinnett Consulting Services and is used with permission.
- **Alcohol and Drug Testing Program Mini-Check List (Optional)**
This mini-checklist was developed as a quick reference for supervisors by Kathi Sinclair, Personnel Officer III, of the Division of Welfare and Supportive Services.
- **Reasonable Suspicion Guide (Optional)**
This guide is a more detailed, step-by step document that walks a supervisor through what to say and what to do when faced with a reasonable suspicion situation. This guide was adapted for State use by Renee Travis, Personnel Officer I with the Department of Administration, based on information provided by Bob Sinnett. While much of this information is incorporated into Chapter VI, it is offered here as a stand alone reference.

FLOWCHART FOR PRE-EMPLOYMENT DRUG TESTING



REASONABLE SUSPICION DRUG TESTING FLOW CHART



ALCOHOL AND DRUG INDICATOR CHECKLIST (OPTIONAL)

Physical signs or conditions

- | | | |
|---|---|--|
| <input type="checkbox"/> Weariness, Exhaustion | <input type="checkbox"/> Flushed Face | <input type="checkbox"/> Yellow/gray skin complexion |
| <input type="checkbox"/> Unusual cuts, bruises, rashes | <input type="checkbox"/> Facial itching | <input type="checkbox"/> Glassy/blood shot eyes |
| <input type="checkbox"/> Dilated or constricted eyes | <input type="checkbox"/> Eyelid tremors | <input type="checkbox"/> Marked reddening of eyelids |
| <input type="checkbox"/> Unusual effort to cover arms | <input type="checkbox"/> sleepiness (nodding) | <input type="checkbox"/> Sunglasses worn at inappropriate times |
| <input type="checkbox"/> Alcohol on breath | <input type="checkbox"/> Fresh puncture marks | <input type="checkbox"/> Changes in appearance after lunch or break |
| <input type="checkbox"/> Blank stare | <input type="checkbox"/> Untidiness | <input type="checkbox"/> Yawning excessively |
| <input type="checkbox"/> Change in personal grooming habits | <input type="checkbox"/> Slurred Speech | <input type="checkbox"/> Unsteady walk/poor coordination |
| <input type="checkbox"/> Unusual thirst | <input type="checkbox"/> Brittle hair and nails | <input type="checkbox"/> Dry mouth |
| <input type="checkbox"/> Extreme bad breath | <input type="checkbox"/> Receding gums | <input type="checkbox"/> Grinding teeth, dental problems |
| <input type="checkbox"/> Excessive use of nasal sprays | <input type="checkbox"/> Shakes, hand tremors | <input type="checkbox"/> Running nose |
| <input type="checkbox"/> Major weight gain or loss | <input type="checkbox"/> Strong use of perfumes or colognes | <input type="checkbox"/> Use of breath purifiers, such as gum or spray |

Mood

- | | | |
|--|---|---|
| <input type="checkbox"/> Appears to be depressed or extremely anxious all the time | <input type="checkbox"/> Irritable | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Complains about others | <input type="checkbox"/> Low frustration tolerance levels | <input type="checkbox"/> Over-reaction |
| <input type="checkbox"/> Mood changes after lunch or break | <input type="checkbox"/> Confusion | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Emotional unsteadiness (e.g., outbursts of crying) | | |

Actions

- | | |
|---|--|
| <input type="checkbox"/> Becomes a loner | <input type="checkbox"/> Withdrawn or improperly talkative |
| <input type="checkbox"/> Spends excessive amount of time on the telephone | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Has exaggerated sense of self-importance | <input type="checkbox"/> Displays violent behavior |
| <input type="checkbox"/> Avoids talking with supervisor regarding work issues | <input type="checkbox"/> Wage attachments or other involvements with the law |

Absenteeism

- | | |
|---|--|
| <input type="checkbox"/> Acceleration of absenteeism & tardiness, especially on Mondays, Fridays, before & after holidays | <input type="checkbox"/> Frequent unreported absences, later explained as "emergencies" |
| <input type="checkbox"/> Frequent use of unscheduled vacation time | <input type="checkbox"/> Unusually high incidence of colds, flu, upset stomach, headaches |
| <input type="checkbox"/> Leaving work area more than necessary (e.g., frequent trips to water fountain & bathroom) | <input type="checkbox"/> Unexplained disappearance from the job with difficulty in locating employee |
| <input type="checkbox"/> Unauthorized leaves | <input type="checkbox"/> Requesting to leave work early for various reasons |
| <input type="checkbox"/> Long lunch hours | <input type="checkbox"/> Highly unlikely excuses for absences |

Accidents

- | | |
|---|--|
| <input type="checkbox"/> Taking of needless risks | <input type="checkbox"/> Disregard for the safety of others |
| <input type="checkbox"/> Higher than average accident rate on & off the job | <input type="checkbox"/> Damage to company property or equipment |

Work Patterns

- | | |
|--|--|
| <input type="checkbox"/> Inconsistency in quality of work | <input type="checkbox"/> High & low periods of productivity |
| <input type="checkbox"/> Mental slow down | <input type="checkbox"/> Poor judgment, more mistakes than usual, general carelessness |
| <input type="checkbox"/> Lapses in concentration | <input type="checkbox"/> Difficulty in recalling instructions |
| <input type="checkbox"/> Difficulty in remembering own mistakes | <input type="checkbox"/> Using more time to complete work, missing deadlines |
| <input type="checkbox"/> Increased difficulty in handling complex situations | <input type="checkbox"/> Wasting materials |
| <input type="checkbox"/> Complaints from customers | |

Relationships to Others on the Job

- | | |
|--|--|
| <input type="checkbox"/> Over-reaction to real or imagined criticism | <input type="checkbox"/> Avoidance & withdrawal from peers |
| <input type="checkbox"/> Wide swings in morale | <input type="checkbox"/> Complaints from co-workers |
| <input type="checkbox"/> Unrealistic resentments | <input type="checkbox"/> Borrowing money from fellow employees |
| <input type="checkbox"/> Complaints of problems at home, such as separation, divorce, child discipline | <input type="checkbox"/> Persistent job transfer requests |

ALCOHOL AND DRUG TESTING PROGRAM MINI-CHECK LIST (OPTIONAL)

- ❖ It is the responsibility of each supervisor to take immediate action and to complete the Report Form for Suspected Alcohol/Drug Impairment whenever the supervisor observes or is made aware of a situation where an employee is suspected of being under the influence of alcohol or a controlled substance and objective facts support a drug and/or alcohol screening test.
- ❖ State objective evidence giving reasonable belief the employee was under the influence of alcohol or a controlled substance at the time of the incident or observation. Have another supervisor or employee confirm your observations.
- ❖ Request the employee's presence and, remind the employee of the State policy on the use of alcohol and controlled substances and present with the specific charge(s) and supporting evidence. Every attempt should be made to keep the matter confidential between the employee and the employer.
- ❖ Complete an "Alcohol/Drug Testing Consent Form" indicating whether the employee will be tested for alcohol, drugs or both and have the employee sign the form. Employee receives a copy of the consent form.
- ❖ If the employee agrees to testing, have the employee sign the "Alcohol/Drug Test Consent Form" and proceed to have the employee tested.
- ❖ If the employee refuses to be tested or sign the consent form, the employee should be informed his refusal may result in disciplinary action up to and including termination. The supervisor and a witness should attest to the employee's refusal to sign the form.
- ❖ Arrange for the safe transportation of the employee to his home. If he insists on driving home, advise the employee of your intent to notify the NHP or local law enforcement personnel of the potential for a DUI violation.
- ❖ If the employee signs the form consenting to testing, transport the employee to the collection site for testing and to his home following the test.
- ❖ NHP will conduct a breath test for alcohol on site. If the person tests positive for alcohol NHP will take the employee and supervisor to one of the confirmatory test sites. The supervisor must accompany the employee when the employee is tested for alcohol and/or a controlled substance and bring appropriate completed testing forms.
- ❖ The appointing authority may place an employee on administrative leave with pay pending receipt of the results of a screening test and shall provide the written results of the screening test to the employee within 3 working days after receipt of the results.
- ❖ Any employee who is impaired at work and tests positive on a screening test must be referred to the Employee Assistance Program. (Employees who receive a DUI in a state vehicle or a personal vehicle on state time must also be referred to the EAP.)

REASONABLE SUSPICION GUIDE (OPTIONAL)

1. Immediately relieve the employee from duty.
2. Quietly remove the employee to a private area away from the work site.
3. When possible, seek assistance from another supervisor to observe and evaluate the situation. Do not tell the corroborating supervisor that you suspect alcohol or drug use. This could easily bias his/her observation. Simply state that you are concerned about the employee's behavior or job performance and would like him/her there to observe and or talk with the employee to get their opinion of the situation.
4. When possible, **two** supervisors meet with the employee and ask for an explanation regarding your observations about their performance, behavior or fitness for duty (i.e., Joe, I noticed the following things in your performance or behavior today at work (use Alcohol and Drug indicator checklist). Can you explain why?
5. Based on their response, ask the following questions:
 - a. Have you been drinking alcohol or using any illegal drugs on the job site **today**?
Have you used an illegal drug before coming to work **today**?
Have you consumed any alcohol before reporting for duty?
 - b. Are you taking any medication that would explain what I am seeing in your performance, behavior, fitness for duty?
 - Do not ask about the identity or type of medication the employee is taking. If the employee volunteers this information you can take action upon the disclosure.
 - c. Are you aware of any medical condition that would explain what I am seeing in your performance, behavior or fitness for duty?
 - * Do not ask about the type or identity of the medical condition. If the employee volunteers this information you can take action upon the disclosure.

In the event the employee discloses information on a medical condition or medication use to explain your observations, inform the employee that they must obtain a written release from their physician or dentist that the medical condition or medication being taken will not affect their ability to perform their job safely. They should not continue to work or be scheduled to work again until you have the medical release (NRS 284.4064).

6. If the employee admits to alcohol or drug use on the job – immediately transport them to the applicable testing site for reasonable suspicion testing. It is critical to still test them as they may deny they admitted to use the next day.

7. If they remain in denial and you feel there is reasonable suspicion to test state: “Based on my observations of your behavior or performance today at work I am requesting that you submit to a drug and alcohol test to rule that out as a factor in your fitness for duty.”
8. Never accuse the employee of using alcohol or drugs or being under the influence, impaired or high. Only a drug and alcohol test can provide objective proof of alcohol or drug use. Keep your discussion focused on safety and fitness for duty.
9. If employee agrees, have employee sign the Alcohol/Drug Test Consent Form and follow procedure for collecting sample, as outlined in the program guide and flow chart.
10. If employee refuses to submit to testing:
 - a. Ask employee for reason(s) why employee refuses to submit to drug and alcohol testing:

 - b. Inform employee that the State policy requires employee to consent to testing and that refusal is grounds for disciplinary action up to and including termination.
 - c. Again request employee to consent to drug and alcohol testing.
 - i. If employee agrees, have employee sign agreement to testing and follow procedure for collecting sample.
 - ii. A supervisor will arrange transportation and must accompany the employee at all times to the collection site, stay in the waiting room until notified that the collection has been completed and then arrange transportation home for the employee.
 - iii. If employee still refuses, inform employee that he/she will be subject to disciplinary action up to and including termination. Request employee to sign refusal to test form. Arrange transportation home.
11. After sample collection, inform employee that he/she is on Administrative Leave pending test results.
12. In cases where the employee is suspected of being under the influence of drugs and/or alcohol, arrange transportation (i.e., taxi, call a family member to pick up, or supervisor/co-worker can transport home) home for the employee. If the employee refuses transportation, attempt to persuade the employee to change his/her mind. Do not detain or physically restrain the employee. In cases where the employee refuses transportation and the employee’s condition suggests that the employee presents a potential or actual safety risk to themselves or other drivers, notify the police by calling 911. State: “I am calling because I am concerned about an employee by the name of _____. Based on my observations of his/her behavior and performance today at work, I am concerned about his/her ability to operate a motor

vehicle”. Relay your observations to the officer but do not voice an opinion about alcohol or drug use. Inform the employee that you intend to call the police unless the employee accepts transportation. Seek corroborating witnesses to verify employee’s refusal of transportation.

13. Document the incident, making a detailed record of all actions, observations, statements and other pertinent facts.
14. Keep a list of emergency numbers readily accessible (Organization officials, security, police, fire, hospital, EAP, ambulance).

**APPENDIX V:
CLASSES APPROVED FOR PRE-EMPLOYMENT DRUG TESTING**

(All positions in each class have been approved for pre-employment drug testing; unless otherwise noted (*) for a specific agency(s) and/or position(s). Classes in Bold/Italics are new to the list.)

AGENCY ABBREVIATIONS:

NV System of Higher Education
NV State Veteran's Home
Peace Officers Standards &
Training
Secretary of State

CLASS CODE	TITLE	*Class or Position Approvals for Specific Agencies
1.605	DISTRICT SUPERVISOR (PARC)	
1.608	FIELD ASSISTANT II (PARC)	
1.737	BIOLOGIST I*	AGR PCN 4600-0025
1.812	FORESTER IV	
1.811	FORESTER III	
1.813	FORESTER II	
1.818	FORESTER I	
1.816	BATTALION CHIEF	
1.817	CONSERVATION CREW SUPERVISOR III	
1.820	CONSERVATION CREW SUPERVISOR II	
1.825	CONSERVATION CREW SUPERVISOR I	
1.819	FIREFIGHTER II	
1.852	FIREFIGHTER I	
1.822	FIRE CONTROL DISPATCHER III	
1.826	FIRE CONTROL DISPATCHER II	
1.827	FIRE CONTROL DISPATCHER I	
1.828	SEASONAL FIREFIGHTER II*	DCNR - FORESTRY DIVISION - ALL PCN'S
1.831	SEASONAL FIREFIGHTER I*	DCNR - FORESTRY DIVISION - ALL PCN'S
1.850	FIRE CAPTAIN	
1.860	FIREFIGHTER/PARAMEDIC	
1.861	FIRE CAPTAIN/PARAMEDIC	
1.862	BATTALION CHIEF/PARAMEDIC	
1.907	PARKS REGIONAL MANAGER (NON-COMMISSIONED)	
1.918	LIFEGUARD II	
1.919	LIFEGUARD I	
1.921	PARK RANGER III (NON-COMMISSIONED)	
1.922	PARK RANGER II (NON-COMMISSIONED)	
1.923	PARK RANGER I (NON-COMMISSIONED)	
1.967	PARK SUPERVISOR III (NON-COMMISSIONED)	
1.968	PARK SUPERVISOR II (NON-COMMISSIONED)	
1.969	PARK SUPERVISOR I (NON-COMMISSIONED)	
2.210	ADMINISTRATIVE ASSISTANT IV*	DPS PCN 3743-0106; DPS-NHP PCN 4713-0706
2.211	ADMINISTRATIVE ASSISTANT III*	DPS PCN 3743-0028
2.212	ADMINISTRATIVE ASSISTANT II*	DPS-NHP PCN 4713-0870
2.819	SUPPLY TECHNICIAN III*	PURCHASING PCN 0027
2.824	SUPPLY TECHNICIAN II*	PURCHASING PCN 0029
3.505	DRIVER - SHUTTLE BUS	
3.506	DRIVER - VAN/AUTOMOBILE	
3.520	FAMILY SUPPORT WORKER III*	NSHE - ALL PCN'S
3.521	FAMILY SUPPORT WORKER II*	NSHE - ALL PCN'S
3.524	FAMILY SUPPORT WORKER I*	NSHE - ALL PCN'S
5.174	CHILD CARE WORKER II*	NSHE - ALL PCN'S
5.175	CHILD CARE WORKER I*	NSHE - ALL PCN'S
6.209	SUPERVISOR III, ASSOCIATE ENGINEER*	NDOT PCN'S 017009, 017046 - ALL PCN'S BEGINNING W/ 930
6.211	SUPERVISOR II, ASSOCIATE ENGINEER*	NDOT PCN'S 028006, 255001 - ALL PCN'S BEGINNING W/ 930
6.215	SUPERVISOR I, ASSOCIATE ENGINEER*	NDOT PCN'S 017021, 017048 - ALL PCN'S BEGINNING W/ 930

CLASS CODE	TITLE	*Class or Position Approvals for Specific Agencies
6.224	MANAGER I, PROFESSIONAL ENGINEER*	NDOT ALL PCN'S BEGINNING W/ 930
6.229	STAFF I, ASSOCIATE ENGINEER*	NDOT PCN'S 080001, 080002, 080005, 080006, 080007, 080010
6.305	ENGINEERING TECHNICIAN V*	NDOT PCN 028008
6.308	ENGINEER TECHNICIAN IV*	NDOT PCN 255002 - ALL PCN'S BEGINNING W/ 930
6.313	ENGINEERING TECHNICIAN III*	NDOT PCN's 017037, 017039, 017042, 017050, 017051, 017052, 028010, 028011, 028013, 028015, 028016, 028021, 255003 - ALL PCN'S BEGINNING W/ 930
6.969	TELECOMMUNICATIONS COORDINATOR II*	NDOT PCN's 067048, 067089,
6.964	TELECOMMUNICATIONS COORDINATOR I*	NDOT PCN's 067067, 067075, 067095
6.976	COMMUNICATIONS SYSTEMS SUPERVISOR*	NDOT PCN 093002
6.977	COMMUNICATIONS SYSTEMS SPECIALIST II*	NDOT PCN's 091001, 091005, 092001, 092002, 093001, 094001, 095001, 096001
6.987	ELECTRONICS TECHNICIAN III*	NSHE - PCN UN52-40503; NDOC - ALL PCN'S
6.981	ELECTRONICS TECHNICIAN II*	NSHE - PCN UN52-40524; NDOC - ALL PCN'S
6.988	ELECTRONICS TECHNICIAN I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
7.141	ACCOUNTANT TECHNICIAN II*	DPS PCN 0030
7.524	TRAINING OFFICER II*	DPS-NHP - HAZARDOUS MATERIALS PCN 5; DPS, TRAINING - POST PCN's 23& 24; NSHE - FIRE SCIENCE ACADEMY - ALL PCN's
7.519	TRAINING OFFICER I*	NDOT ALL PCN's; NSHE - FIRE SCIENCE ACADEMY - ALL PCN's
7.649	PROGRAM OFFICER I*	FIRE MARSHAL PCN's 4 & 106; NDOC 3710-0064, 3710-0202
7.653	PUBLIC SERVICE INTERN II*	NDOT ALL PCN'S BEGINNING W/ 940
7.901	CHIEF IT MANAGER*	DPS PCN 0005, NDOT PCN 067046
7.902	IT MANAGER III*	DPS PCN 0127, 0207
7.904	IT MANAGER I*	NDOT PCN 067087 DPS 0020
7.921	IT PROFESSIONAL IV*	DPS PCN 0010, 0025, 0036, 0040, 0045, 0100, 0111, 0125, NDOT PCN 067047
7.925	IT PROFESSIONAL III*	DPS PCN 0055, 0070, 0105, 0112, 0115, 0120, 0128, 0130, 0135, 0145, 0150 NDOT PCN 67023
7.926	IT PROFESSIONAL II*	DPS PCN 0015, 0050, 0110, 0200, 0201, 0202, 0251, 0260, 0450 0677, 0681, 0129
7.929	IT PROFESSIONAL I*	DPS PCN 0090
7.928	IT TECHNICIAN VI*	DPS PCN'S 0026, 0204, 0205
7.935	IT TECHNICIAN IV*	DPS PCN'S, 0065, 0075, 0080, 0085, 0095, 0096
9.103	HIGHWAY MAINTENANCE MANAGER	
9.106	HIGHWAY MAINTENANCE SUPERVISOR II	
9.115	HIGHWAY MAINTENANCE SUPERVISOR I	
9.117	HIGHWAY MAINTENANCE WORKER IV	
9.120	HIGHWAY MAINTENANCE WORKER III	
9.127	HIGHWAY MAINTENANCE WORKER II	
9.130	HIGHWAY MAINTENANCE WORKER I	
9.137	HIGHWAY CONSTRUCTION AID	
9.200	SPECIAL EQUIPMENT OPERATOR III	
9.203	SPECIAL EQUIPMENT OPERATOR II	
9.201	EQUIPMENT OPERATION INSTRUCTOR	
9.209	GROUPS EQUIPMENT OPERATOR II*	NSHE - ALL PCN'S
9.204	GROUPS EQUIPMENT OPERATOR I*	NSHE - ALL PCN'S
9.212	DRIVER WAREHOUSE SUPERVISOR	
9.211	DRIVER WAREHOUSE WORKER II	
9.210	DRIVER WAREHOUSE WORKER I	
9.208	DRIVER WAREHOUSE WORKER TRAINEE*	NDOC - ALL PCN'S
9.315	HIGHWAY EQUIPMENT MECHANIC SPVR I	
9.317	HIGHWAY EQUIPMENT MECHANIC III	
9.318	HIGHWAY EQUIPMENT MECHANIC II	
9.321	HIGHWAY EQUIPMENT MECHANIC I	
9.322	EQUIPMENT MECHANIC IV*	DCNR - FORESTRY DIVISION - ALL PCN'S; NSHE - ALL PCN'S
9.323	EQUIPMENT MECHANIC III*	DCNR - FORESTRY DIVISION - ALL PCN'S; NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOW - ALL PCN'S

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9.331	EQUIPMENT MECHANIC II*	DCNR - FORESTRY DIVISION - ALL PCN'S; NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S; NDOW - ALL PCN'S
9.333	EQUIPMENT MECHANIC I*	DCNR - FORESTRY DIVISION - ALL PCN'S; NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S; NDOW - ALL PCN'S
9.325	EQUIPMENT MECHANIC IN TRAINING IV*	NDOT - ALL PCN'S
9.328	EQUIPMENT MECHANIC IN TRAINING III*	NDOT - ALL PCN'S
9.330	EQUIPMENT MECHANIC IN TRAINING II*	NDOT - ALL PCN'S
9.332	EQUIPMENT MECHANIC IN TRAINING I*	NDOT - ALL PCN'S
9.327	AUTO BODY WORKER*	NDOT - ALL PCN'S
9.334	FLEET SERVICE WORKER IV*	NDOT - ALL PCN'S
9.335	FLEET SERVICE WORKER III*	NDOT - ALL PCN'S
9.336	FLEET SERVICE WORKER II*	NDOT - ALL PCN'S
9.337	FLEET SERVICE WORKER I*	NDOT - ALL PCN'S
9.353	AIR OPERATIONS SUPERVISOR	
9.354	CHIEF PILOT	
9.356	PILOT III	
9.355	PILOT II	
9.359	PILOT I	
9.357	AIRCRAFT MAINTENANCE SPECIALIST	
9.404	HVACR SPECIALIST IV*	NSHE - ALL PCN'S
9.413	HVACR SPECIALIST III*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.408	HVACR SPECIALIST II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.421	HVACR SPECIALIST I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S
9.430	WELDER II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S
9.417	WELDER I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S
9.422	HEAT PLANT SPECIALIST IV*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.425	HEAT PLANT SPECIALIST III*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.420	HEAT PLANT SPECIALIST II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.428	HEAT PLANT SPECIALIST I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.439	CARPENTER III*	NSHE - ALL PCN'S
9.424	CARPENTER II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.423	CARPENTER I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S
9.431	LOCKSMITH II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.418	LOCKSMITH I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.448	ELECTRICIAN III*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S
9.447	ELECTRICIAN II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S
9.426	ELECTRICIAN I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S
9.460	PAINTER III*	NSHE - ALL PCN'S
9.459	PAINTER II*	NSHE - ALL PCN'S
9.429	PAINTER I*	NSHE - ALL PCN'S
9.463	PLUMBER III*	NSHE - ALL PCN'S
9.462	PLUMBER II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.432	PLUMBER I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S
9.445	MAINTENANCE REPAIR SPECIALIST II*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOW - ALL PCN'S
9.441	MAINTENANCE REPAIR SPECIALIST I*	NSHE - ALL PCN'S; NDOC - ALL PCN'S; NDOT - ALL PCN'S; NSVH - ALL PCN'S; NDOW - ALL PCN'S
9.465	CRAFT WORKER-IN-TRAINING IV*	NSHE - ALL PCN'S
9.466	CRAFT WORKER-IN-TRAINING III*	NSHE - ALL PCN'S
9.467	CRAFT WORKER-IN-TRAINING II*	NSHE - ALL PCN'S
9.468	CRAFT WORKER-IN-TRAINING I*	NSHE - ALL PCN'S
9.481	MAINTENANCE REPAIR AID IV*	NSHE - PCN UN52-41435
9.482	MAINTENANCE REPAIR AID III*	NSHE - PCN UN52-40454, UN52-40460
9.485	MAINTENANCE REPAIR WORKER IV*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN'S; NDOC - ALL PCN'S
9.486	MAINTENANCE REPAIR WORKER III*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN'S; NDOC - ALL PCN'S
9.487	MAINTENANCE REPAIR WORKER II*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN'S; NDOC - ALL PCS'S; NSVH - ALL PCN'S
9.488	MAINTENANCE REPAIR WORKER I*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN'S; NDOC - ALL PCS'S; NSVH - ALL PCN'S
9.496	WASTEWATER TREATMENT OPERATOR II*	NDOC - ALL PCN'S
9.497	WASTEWATER TREATMENT OPERATOR I*	NDOC - ALL PCN'S

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9.603	FACILITY SUPERVISOR IV*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN's; NDOC - ALL PCN'S
9.606	FACILITY SUPERVISOR III*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN's NDOC - ALL PCN'S
9.609	FACILITY SUPERVISOR II*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN'sNDOC - ALL PCN'S
9.612	FACILITY SUPERVISOR I*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN's NDOC - ALL PCN'S
9.637	FACILITY ATTENDANT*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN's
10.124	PSYCHOLOGIST IV*	NDOC - ALL PCN'S
10.126	PSYCHOLOGIST III*	NDOC - ALL PCN'S
10.132	PSYCHOLOGIST II*	NDOC - ALL PCN'S
10.143	PSYCHOLOGIST I*	NDOC - ALL PCN'S
10.139	MENTAL HEALTH COUNSELOR II*	NDOC - ALL PCN'S
10.141	MENTAL HEALTH COUNSELOR I*	NDOC - ALL PCN'S
10.151	CLINICAL SOCIAL WORKER III*	NDOC - ALL PCN'S
10.144	CLINICAL SOCIAL WORKER II*	NDOC - ALL PCN'S
10.150	CLINICAL SOCIAL WORKER I*	NDOC - ALL PCN'S
10.179	PSYCHOMETRIST *	NDOC - ALL PCN'S
10.229	MID-LEVEL MEDICAL PRACTITIONER*	DHHS, NDOC - ALL PCN's
10.244	QUALITY ASSURANCE SPECIALIST I*	NSVH - ALL PCN's
10.262	DENTAL ASSISTANT III*	NDOC - ALL PCN's
10.263	DENTAL ASSISTANT II*	NDOC - ALL PCN's
10.264	DENTAL ASSISTANT I*	NDOC - ALL PCN's
10.310	CHIEF OF NURSING SERVICES*	NDOC - ALL PCN's
10.300	DIRECTOR, NURSING SERVICES II*	DHHS, NDOC - ALL PCN's
10.301	DIRECTOR, NURSING SERVICES I*	DHHS, NDOC - ALL PCN's
10.306	PSYCHIATRIC NURSE IV*	DHHS, NDOC - ALL PCN's
10.305	PSYCHIATRIC NURSE III*	DHHS, NDOC - ALL PCN's
10.307	PSYCHIATRIC NURSE II*	DHHS, NDOC - ALL PCN's
10.309	PSYCHIATRIC NURSE I*	DHHS, NDOC - ALL PCN's
10.316	CORRECTIONAL NURSE III*	NDOC - ALL PCN's
10.318	CORRECTIONAL NURSE II*	DHHS, NDOC - ALL PCN's
10.319	CORRECTIONAL NURSE I*	DHHS, NDOC - ALL PCN's
10.355	REGISTERED NURSE III*	NSVH - ALL PCN's
10.359	REGISTERED NURSE II*	NSVH - ALL PCN's
10.358	NURSE I*	DHHS, NDOC, NSVH, NSHE - ALL PCN's
10.338	MENTAL HEALTH TECHNICIAN IV*	DHHS - ALL PCN's
10.346	MENTAL HEALTH TECHNICIAN III*	DHHS - ALL PCN's
10.356	MENTAL HEALTH TECHNICIAN II*	DHHS - ALL PCN's
10.366	MENTAL HEALTH TECHNICIAN I*	DHHS - ALL PCN's
10.339	DEVELOPMENTAL SUPPORT TECH IV*	DHHS - ALL PCN's
10.347	DEVELOPMENTAL SUPPORT TECH III*	DHHS - ALL PCN's
10.357	DEVELOPMENTAL SUPPORT TECH II*	DHHS - ALL PCN's
10.367	DEVELOPMENTAL SUPPORT TECH I*	DHHS - ALL PCN's
10.364	LICENSED PRACTICAL NURSE III*	DHHS, NDOC - ALL PCN's
10.360	LICENSED PRACTICAL NURSE II*	NSVH; DHHS, NDOC - ALL PCN's
10.365	LICENSED PRACTICAL NURSE I*	DHHS, NDOC - ALL PCN's
10.369	CERTIFIED NURSING ASSISTANT*	NSVH, NDOC - ALL PCN'S
10.373	COMMUNITY HEALTH NURSING MANAGER*	DHHS - ALL PCN's
10.375	COMMUNITY HEALTH NURSE IV*	DHHS - ALL PCN's
10.376	COMMUNITY HEALTH NURSE III*	DHHS - ALL PCN's
10.377	COMMUNITY HEALTH NURSE II*	DHHS - ALL PCN's
10.378	COMMUNITY HEALTH NURSE I*	DHHS - ALL PCN's
10.723	PHARMACY TECHNICIAN II*	DHHS, NDOC - ALL PCN's
10.728	PHARMACY TECHNICIAN I*	DHHS, NDOC - ALL PCN's
11.118	PUBLIC SAFETY DISPATCHER V	
11.120	PUBLIC SAFETY DISPATCHER IV	
11.122	PUBLIC SAFETY DISPATCHER III	
11.124	PUBLIC SAFETY DISPATCHER II	
11.126	PUBLIC SAFETY DISPATCHER I	
11.132	MANAGER, CRIMINAL JUSTICE RECORDS*	DPS - ALL PCN'S
11.239	MILITARY SECURITY OFFICER V	
11.240	MILITARY SECURITY OFFICER IV	

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11.241	MILITARY SECURITY OFFICER III	
11.242	MILITARY SECURITY OFFICER II	
11.243	MILITARY SECURITY OFFICER I	
11.263	SECURITY OFFICER*	ESD PCN 2015 AND 2872; DHHS WELFARE PCN 3233; MILITARY - ALL PCN's
11.358	COMPLIANCE INVESTIGATOR II*	B&I - CONSUMER AFFAIRS - ALL PCN's
11.360	CHIEF INVESTIGATOR COMPLIANCE/AUDIT*	B&I - CONSUMER AFFAIRS - PCN 3
11.363	COMPLIANCE/AUDIT INVESTIGATOR III*	CONSUMER AFFAIRS - B&I PCN's 0005 & 0026; INSURANCE DIV - B&I PCN 0072; SOS PCN's 0030, 0031, 0035, 0062, 0063 & 0066
11.365	COMPLIANCE/AUDIT INVESTIGATOR II*	SOS PCN's 0022, 0028 & 0068; B&I - CONSUMER AFFAIRS & INSURANCE DIV - ALL PCN's
11.510	FIRE & LIFE SAFETY INSPECTOR II	
11.506	FIRE & LIFE SAFETY INSPECTOR I	
11.522	SAFETY SPECIALIST II*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN's
11.523	SAFETY SPECIALIST I*	NSHE - FIRE SCIENCE ACADEMY - ALL PCN's
11.552	TAXICAB VEHICLE INSPECTOR II	
11.550	TAXICAB VEHICLE INSPECTOR I	
11.560	MFG. HOUSING CODE & COMPLIANCE OFFICER	
11.561	MANUFACTURED HOUSING INSPECTOR	
12.466	SUBSTANCE ABUSE COUNSELOR III	
12.469	SUBSTANCE ABUSE COUNSELOR II	
12.470	SUBSTANCE ABUSE COUNSELOR I	
12.501	WARDEN	
12.510	CORRECTIONAL MANAGER	
12.517	CORRECTIONAL ASSISTANT*	NDOC - ALL PCN's
12.523	ASSISTANT SUPERINTENDENT, YOUTH FACILITY	
12.532	HEAD GROUP SUPERVISOR	
12.534	ASSISTANT HEAD GROUP SUPERVISOR	
12.535	GROUP SUPERVISOR IV	
12.537	GROUP SUPERVISOR III	
12.538	GROUP SUPERVISOR II	
12.541	GROUP SUPERVISOR I	
12.553	ASSOCIATE WARDEN OF PROGRAMS	
12.556	CORRECTIONAL CASEWORK SPECIALIST III	
12.559	CORRECTIONAL CASEWORK SPECIALIST II	
12.565	CORRECTIONAL CASEWORK SPECIALIST I	
12.571	CORRECTIONAL CASEWORK SPECIALIST TR	
13.101	AGRICULTURE ENFORCEMENT OFFICER III	
13.102	AGRICULTURE ENFORCEMENT OFFICER II	
13.103	AGRICULTURE ENFORCEMENT OFFICER I	
13.111	DEPUTY BRAND INSPECTOR (COMMISSIONED)	
13.115	STAFF GAME WARDEN	
13.121	GAME WARDEN IV	
13.122	GAME WARDEN III	
13.123	GAME WARDEN II	
13.124	GAME WARDEN I	
13.131	PARKS REGIONAL MANAGER (COMMISSIONED)	
13.135	PARK SUPERVISOR III (COMMISSIONED)	
13.136	PARK SUPERVISOR II (COMMISSIONED)	
13.137	PARK SUPERVISOR I (COMMISSIONED)	
13.141	PARK RANGER III (COMMISSIONED)	
13.142	PARK RANGER II (COMMISSIONED)	
13.143	PARK RANGER I (COMMISSIONED)	
13.202	DPS MAJOR	
13.203	DPS CAPTAIN	
13.204	DPS LIEUTENANT	
13.205	DPS SERGEANT	
13.206	DPS OFFICER II	
13.207	DPS OFFICER I	
13.215	UNIVERSITY POLICE LIEUTENANT	
13.217	UNIVERSITY POLICE DETECTIVE	
13.221	UNIVERSITY POLICE SERGEANT	
13.222	UNIVERSITY POLICE OFFICER II	

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13.223	UNIVERSITY POLICE OFFICER I	
13.231	AIRPORT CONTROL OFFICER III	
13.232	AIRPORT CONTROL OFFICER II	
13.233	AIRPORT CONTROL OFFICER I	
13.234	SENIOR LAW ENFORCEMENT SPECIALIST	
13.235	LAW ENFORCEMENT SPECIALIST	
13.241	SUPERVISORY CRIMINAL INVESTIGATOR II	
13.242	SUPERVISORY CRIMINAL INVESTIGATOR I	
13.243	CRIMINAL INVESTIGATOR III	
13.244	CRIMINAL INVESTIGATOR II	
13.245	CRIMINAL INVESTIGATOR I	
13.251	CHIEF INVESTIGATOR COMPLIANCE/ ENFORCEMENT	
13.255	SUPERVISORY COMPLIANCE/ENFORCEMENT INVESTIGATOR	
13.256	COMPLIANCE/ENFORCEMENT INVESTIGATOR III	
13.257	COMPLIANCE/ENFORCEMENT INVESTIGATOR II	
13.258	COMPLIANCE/ENFORCEMENT INVESTIGATOR I	
13.263	UNIT MANAGER, YOUTH PAROLE BUREAU	
13.265	SENIOR YOUTH PAROLE COUNSELOR	
13.266	YOUTH PAROLE COUNSELOR II	
13.267	YOUTH PAROLE COUNSELOR I	
13.303	ASSOCIATE WARDEN OF OPERATIONS	
13.309	CORRECTIONAL CAPTAIN	
13.310	CORRECTIONAL LIEUTENANT	
13.311	CORRECTIONAL SERGEANT	
13.312	SENIOR CORRECTIONAL OFFICER	
13.313	CORRECTIONAL OFFICER	
13.314	CORRECTIONAL OFFICER TRAINEE	
13.321	FORENSIC SPECIALIST IV	
13.322	FORENSIC SPECIALIST III	
13.323	FORENSIC SPECIALIST II	
13.324	FORENSIC SPECIALIST I	
U4102	BUREAU CHIEF, YOUTH PAROLE	
U9010	CHIEF, NEVADA HIGHWAY PATROL	
U9033	DEPUTY DIRECTOR, INDUSTRIAL PROGRAMS	
U9034	DEPUTY DIRECTOR, OPERATIONS	
U9041	CHIEF GAME WARDEN	
U9074	PHARMACIST 1*	DHHS, NDOC - ALL PCN'S
U9075	PHARMACIST 2	DHHS-EXCEPT PCN 3243-0014; NDOC-ALL PCN's
U9076	PHARMACIST 3	DHHS, NDOC-ALL PCN's
U9085	SENIOR INSTITUTIONAL DENTIST (RANGE A)	NDOC-ALL PCN's
U9086	SENIOR INSTITUTIONAL DENTIST (RANGE B)	NDOC-ALL PCN's
U9087	SENIOR PHYSICIAN (RANGE C)	DHHS, NDOC-ALL PCN's
U9088	SENIOR PSYCHIATRIST (RANGE C)	DHHS, NDOC-ALL PCN's