

A- BEAUTIFUL POOLS, INC.
Drug/Alcohol Testing Policy

In support of a drug-free workplace, A-Beautiful Pools, Inc. will conduct periodic and random drug testing of all employees. When employees are impaired due to use of drugs or alcohol, they become a hazard to themselves and others, and particularly to those who rely on our services to provide safety to residents, members and guests at the swimming facilities we manage and operate.

Consent

I, _____, have been informed of the reason for a drug screen. I understand that the results of a drug screen are considered part of my employment. I consent to periodic and random alcohol/drug screening as part of my continued employment.

I freely and willingly consent to the disclosure of the screen results to the management of A-Beautiful Pools, Inc. for use in confidential internal communications. I herein, voluntarily release fully and forever discharge the Company, any of its representatives, any laboratory or any facility and their representatives which performs analysis, from any claim or liability arising from such tests, including, but not limited to the testing procedure, the analysis, the accuracy of the analysis, or the disclosure of its results. I understand the results will become part of my employment record.

If I am under the age of 18, I must obtain the signature of a parent or guardian who will acknowledge the above and foregoing information and agreement on my behalf. All testing results may be disclosed by A-Beautiful Pools, Inc. to my parent or guardian.

I understand the alcohol/drug screens may detect the presence of prescription drugs; therefore, I authorize the Company to contact the physician who prescribed any medications which might appear in the screening. I authorize the physician to provide information to the Company relevant to the reason for such prescription and information about its potential effect on my performance. It is recommended that this information be provided by me to the Company before I begin employment.

I understand that if the test result is positive for drugs/alcohol, I will be suspended and required to meet with a substance abuse professional for assessment before I can return to work.

I certify that I have read and understand the information on this form.

 Signature

 Date

 Parent or Guardian of Employee under age 18