DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING

     I, _____agree, upon a request made under the drug/alcohol testing policy of ETCADA, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, hair, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under ETCADA policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to the laboratory or other testing facility to release any and all documentation relating to such a test to ETCADA and /or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize ETCADA to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

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

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

_____   _____
Signature of Employee   Date

_____
Employee's Name Printed

_____   _____
Chief Executive Officer   Date

THIS FORM IS TO BE FILED IN SECTION II OF THE EMPLOYEE'S PERSONNEL FILE