

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**

Revised: 3/23/2022

**1. PURPOSE**

FirstEnergy Corp. is committed to using contractors whose employers provide a safe workplace and maintain a work environment for their employees that is free from the effects of alcohol and drug abuse.

**2. SCOPE**

Unless specifically exempted by this policy, all contractors working at Generation and Remote/Retired facilities owned or operated by FirstEnergy Corp. or its subsidiaries and affiliates (FE) shall be covered by this policy.

APPLICABLE SITES (Include but not limited to)

<u>GENERATION</u>	<u>REMOTE/RETIRED</u>	<u>NJ MGP SITES</u>	
Eastlake	Albright	Ashbury Park	Phillipsburg
Fort Martin	Armstrong	Belmar	Red Bank
Harrison	Hatfield	Boonton	Sea Isle City
	McElroy's Run	Cape May	Tuckerton
	Merrill Creek	Dover	Washington
	Mitchel	Flemington	Wildwood
	Rivesville	Lakewood	
	R. Paul Smith	Lambertville	
	Springdale	Newton I	
	Willow	Newton II	
	Lakeshore	Ocean City	

**CONTRACTORS EXEMPTED FROM THIS POLICY**

- Contracted Drivers  
Drivers whose sole purpose is to drive Commercial Motor Vehicles on FE property, will be expected to comply with all applicable U.S. Department of Transportation (DOT), Federal Motor Carrier Safety Administration (FMCSA) and Commercial Driver's License (CDL) drug and alcohol testing requirements.
- Contracted Credentialed Mariners  
Contract workers that maintain U.S. Coast Guard/ Maritime Credentials will be expected to comply with all applicable U.S. Department of Transportation (DOT) U.S. Coast Guard drug and alcohol requirements.
- Vendors and Deliveries  
Vendors are companies that come on site but do not perform work. Some examples include: vending machine workers, floor mat exchange workers and copy repairmen.  
Deliveries are companies that only deliver, for example UPS and Fed Ex.
- Visitors  
Visitors are not covered by this policy, provided they perform no on-site Work.

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

**3. POLICY DETAILS**

Contractors shall be required to administer a mandatory substance abuse policy for all their employees performing work at such facilities, whether direct hire or subcontracted. FE recognizes that some Contractor's employees are covered by a federally mandated program and already participate in a testing program, (e.g. DOT-FMCSA; DOT-Maritime, etc.) The program for employees not already covered by such programs must include the following, as described more fully below:

- Entrance Testing
- Random Testing (target 20% of participating workforce per month)
- For-Cause Group Testing
- Reasonable Suspicion / For Cause Testing
- Post Incident Testing
- Accelerated Random Testing

The illegal manufacturing, distribution, dispensation, possession, or use of prohibited substances which include but are not limited to illegal drugs (including controlled substances, look-alike drugs and designer drugs) is prohibited and will result in the Contractor employee's immediate removal from FE's facility.

It shall be Contractor's sole responsibility to have their employees and all subcontracted employees report to Work in a condition to properly perform their duties (i.e., Fit-for-Duty). Any use of substances which adversely affects a Contractor employee's job performance or whose job performance indicates that he or she is unfit for duty, shall be sent for "Reasonable Suspicion / For Cause Testing" and will not be permitted to perform any Work until an investigation into the cause has determined the employee to be fit for duty.

The Contractor will require a medical examination by the Contractor employee's doctor, including recognized diagnostic tests as part of their investigation. If the use of unauthorized drugs or alcohol is substantiated, the Contractor's employee will not be eligible to return to perform any Work at an FE facility until the Return-To-Duty requirements are satisfied.

Contractors' employees who are undergoing medical treatment with a prescription drug or over-the-counter (OTC) substance which has the potential to affect performance must report this treatment to their employer. It is the responsibility of the employee to inform Contractor supervision when the use of prescription or OTC medication may affect their Fit-for-Duty eligibility and their ability to safely and competently perform job functions. Contractors' employee's failure to provide this information is considered to be grounds for dismissal and compliance can be accomplished by submitting the Non-DOT Release for Medication Use Form (Appendix H). The use of such substances as part of a prescribed medical treatment policy is not grounds for immediate removal from FE facilities. Contractor shall comply with this policy, and otherwise be responsible for the safety of employees and others who may be affected by Contractor employee's performance.

Prohibited substances and paraphernalia discovered through site security procedures may be turned over to law enforcement authorities. Contractor is responsible for notifying employees that security inspections may include, but not be limited to, any vehicle, toolbox, lunch box or personal inspection.

Contractor shall ensure all Contractor employees are knowledgeable, aware of, and follow this Compliance policy.

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

#### **4. THIRD PARTY ADMINISTRATOR**

An independent Third-Party Administrator (TPA) “Amerisafe Group” has been selected to coordinate administration of the policy between the Contractors and the Purchaser (FE). The TPA will coordinate with the Contractor for entrance test specimen collections at authorized testing facilities as required.

TPA Scope of Work:

- 1) Engage Contractors and provide policy documentation and instruction
- 2) Collect Contractor Prequalification Form and notify FirstEnergy of registration to their Substance Abuse Compliance Policy
- 3) Provide 24/7 access to an online Verification site for Contractors
- 4) Administer policy test types and random selections.
- 5) When possible, collect and administer testing protocol. This includes documentation of specimens, and results submitted to independent certified laboratories such as Substance Abuse Mental Health Services Administration (SAMHSA), The College of American Pathologists (CAP), and the International Organization for Standardization (ISO / IEC 17025)
- 6) Consolidate results, including non-negative results and provide statistics to FE’s Construction Safety Representative.
- 7) Provide for the Medical Review Officer (MRO) services as described.

#### **5. VERIFICATION OF ELIGIBILITY STATUS**

Contractors’ employees shall be tested under this policy preferably before beginning Work, but no later than during their first shift at a facility (with the exception of those services listed in Section 2, above.) Contractors are responsible for utilizing the online FE Verification site currently through Safety Plus Web prior to the Contractor employee beginning Work. The Safety Plus Web system will then report to the Contractor, FE Representatives and the TPA on the eligibility results of the Verification search. The Contractor shall contact the TPA to coordinate the testing of each employee who will be performing work. If a Contractor identifies an employee who is not eligible but who is scheduled to perform emergent Work without alternative employee options, then that Contractor will be responsible for utilizing the Emergency 24/7 Collection Service to perform an oral fluid specimen collection Entrance Test.

#### **6. TESTING FOR PROHIBITED SUBSTANCES AND/OR ALCOHOL**

Contractors’ employees shall be tested for illegal use of controlled and illicit substances under the following conditions. These conditions are at the sole discretion of FE:

**Entrance Testing:** Shall be required when starting Work on FE property if the Eligibility of the Contractor employee is not current. When participating in an acceptable annual screening policy, approved by TPA, Contractor must certify the required negative test results as a condition of employment for each Contractor employee by providing proof that the Contractor employee has tested negatively within the last twelve (12) months on the oral fluid panel listed in Appendix C. Negative Results are valid for a period of twelve (12) months. If a Contractor employee is only performing Work that falls under DOT requirements at a FE facility, that Contractor employee is exempt from following the Non-DOT requirements of this policy. Contractors should make every attempt to have all employees who do not have a current Eligibility submit to an oral fluid test at least one (1) week prior to performing any Work to ensure results have been reported in a timely manner prior to entrance onsite.

- **Subsection A for Entrance Testing:** A Contractor employee who reports to a Collection Site and refuses to submit to the testing, refuses to comply with any part of the collection process,

FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Revised: 3/23/2022

or attempts to adulterate the specimen in any way, shall be considered a “Refusal To Test” (see Section 8) and he or she will be required to follow the Return-to-Duty requirements.

**Random Testing:** Contractors who will be on site shall be subject to Random Testing of their employees. FE, at its sole discretion, may initiate random testing of a group of Contractor employees by shift, location, craft, or any other reasonable classification. The number of Contractor employees randomly tested shall be determined by FE and the TPA at a target of 20% of the participating work force beginning with the first day Contractor is on the property.

The TPA will make the random selections via a computer-generated selection process. The Random Testing will be conducted without prior notice and Contractor employee(s) shall be notified immediately prior to testing but otherwise shall not receive any other advanced notice of Random Testing. No Contractor employee(s) will be excluded from the random selection. Contractor employees are eligible for and subject to random selection 100% of their time on FE site. If an employee is not present at the FE site when selected, the Contractor employee must test upon returning to the FE site prior to the end of that shift. Contractors must coordinate with the TPA to ensure that testing will be available upon the Employee’s return.

Contractor supervision will be responsible for escorting the selected Contractor employee(s) to the onsite collection area immediately upon notification. If a Contractor employee who had been notified fails to report within 30 minutes of notification, he or she will be considered a “Refusal to Test”. Contractor supervision is also responsible for notifying the TPA of non-compliant Contractor employees. For additional information reference Section 8.

Any Contractor employee testing non-negative or refusing testing shall be addressed by the Contractor in accordance with the terms described in the Enforcement section of this policy. The Contractor Removal Form (Form X-3930) shall be used by the Contractor to notify FirstEnergy of the discipline.

**For Cause Group Testing:** FE, at its sole discretion, may initiate testing of a group of Contractor employees by shift, location, craft, or any other reasonable classification. The methods could include hair or oral fluid. Such For Cause Group Testing can be prompted by FE’s good faith, reasonable belief that the presence or use of drugs has extended beyond a single individual. Examples of grounds for such For Cause Group Testing could include, but are not limited to, multiple non-negative test results at the FE facility, discovery of drug paraphernalia, reports of an individual selling drugs at an FE facility, or a Contractor employee who is found overdosed on a FE site. Ba

Notification of this For Cause Group Testing will be communicated directly to all Contractors involved. Once notification is received the Contractor is responsible for notifying and escorting all Contractor employees to the onsite collection area immediately. Contractor supervision is also responsible for notifying the TPA of non-compliant Contractor employees. For additional information reference Section 8. Collection protocols and analysis of such For Cause Group Tests will be processed as any other test within the policy.

**Reasonable Suspicion / For Cause Testing:** A Reasonable Suspicion / For Cause Test may be administered in the event a FE or Contractor Supervisor has reasonable cause to believe that a Contractor employee has reported to perform Work under the influence, or is or has been under the influence while on the job; or has violated this Substance Abuse Compliance Policy. Contractor Supervision shall utilize Reasonable Suspicion protocol. A Contractor employee believed to be under the influence of prohibited substances will be shown documentation by the Contractor employee’s supervision of why they believe the Contractor employee in question may be under the influence. If the Contractor employee refuses to take the Reasonable Suspicion / For Cause Test, it will be considered a “Refusal to Test” and the Contractor employee will be immediately removed from the FE site. If the Contractor employee agrees to take the

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

Reasonable Suspicion / For Cause Test, Contractor Supervision will escort the Contractor employee to the onsite collection area or an offsite Collection Facility.

All Contractor employees who undergo a Reasonable Suspicion / For Cause Test will be removed from FE site pending test results. It will be the responsibility of Contractor Supervision to provide safe transportation from FE property for the Contractor employee.

A Contractor employee who refuses to submit to a Reasonable Suspicion / For Cause Test is in violation of this policy and will be immediately removed from FirstEnergy Regulated Generation and Remote/Retired Facilities. If, after having received notice of a required Reasonable Suspicion / For Cause Test, a Contractor employee states that he or she is ill and wishes to go home, the Contractor employee must take the test before leaving the FE site, or it will be considered a refusal. For additional information reference Section 8.

**Post Incident Testing:** Post Incident Testing will only be conducted when it is reasonable to believe that drug and/or alcohol use could have contributed to the injury/illness or property damage sustained. The general principle is drug testing itself will not be used as a form of discipline against Contractor employees who report an injury or illness, or incident resulting in damages, but it may be damage used as a tool to evaluate the root causes of workplace injuries and illness in appropriate circumstances. Following the Reasonable Suspicion / For Cause Testing it will be the responsibility of Contractor Supervision to provide safe transportation arrangements of the employee from FE property.

If Post Incident Testing cannot be completed within thirty-two (32) hours of the accident or incident, and alcohol testing within eight (8) hours of the accident or incident, the Contractor should place a written explanation of the circumstances, which could be reviewed by FE in the Contractor employee's file. The written explanation must include details of the accident/incident/near miss and reason(s) for not testing the Contractor employee.

- Alcohol Testing: All Contractor/sub-contractor employee(s) shall be subject to alcohol testing via breathalyzer. Alcohol testing shall be performed as part of For Cause Group Testing, Reasonable Suspicion / For Cause Testing, and Post-Incident Testing (within the time frames specified above), as determined by FE.

## **7. TESTING PROCEDURE**

Substance abuse testing shall be conducted within established guidelines developed by the U.S. Department of Transportation (DOT). All testing methods, Collection Sites, laboratory, and MRO shall maintain confidentiality and use forensic procedures to document all appropriate Chain of Custody procedures as outlined in Appendices C and E.

The primary testing reasons/methods are as follows:

- Entrance Testing: Oral Fluid
- Random Testing: Oral Fluid
- For Cause Group Testing: Oral Fluid or Hair
- Reasonable Suspicion / For Cause Testing: Determined by FirstEnergy/Contractor
- Post Incident Testing: Oral Fluid and Breath Alcohol when needed

If there is an inability to provide an oral fluid specimen, the alternate method approved by FE is a hair specimen collection, and, if necessary, blood testing at the Contractor's expense. Such alternative testing methods will be authorized only upon providing a documented legitimate reason as determined by FE.

Primary: Oral Fluid

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

1<sup>st</sup> Alternate: Hair

2<sup>nd</sup> Alternate: Blood (Cost at Contractor's expense)

The laboratory(s) will perform an initial screening test and any presumptive non-negatives will follow confirmation testing procedures. Confirmation testing used by the laboratory utilizes single or double mass spectrometry depending on the specimen type and are as follows; LC/MS, GC/MS, LC/MS/MS, and GC/MS/MS.

The laboratory will report all Negative Test Results to the TPA who will upload them to the database and maintain those records should any authorized party require access.

All non-negative laboratory results will be reported to the MRO and the TPA. All confirmed non-negative laboratory results will be reviewed by the MRO. The MRO must be certified by either the American Association of Medical Review Officers (AAMRO), the American College of Occupational and Environmental Medicine (ACOEM), or an equivalent organization. The MRO shall:

- Review and verify a laboratory non-negative test result.
- Contact the Contractor employee within twenty-four (24) hours to discuss the reasons why their test result is non-negative (if contact is not made following three (3) calls, a 'Non-Contact Positive' will be declared by the MRO).
- Review the Contractor employee's medical record as provided by or at the arrangement of the tested individual as appropriate.
- Confirm the laboratory result.
- Notify the TPA of all confirmations (negative /non-negative).
- All records of test reviewed by the MRO and supporting documentation will be forwarded to and maintained by the TPA.

Only those specimens which show non-negative results on both the initial screening and the confirmation screening shall be reported as non-negative, pending MRO review and verification. The completed Forensic Chain of Custody Form shall accompany any Positive MRO Report, and copies of analytical reports shall be maintained in the database by the TPA and made available to the authorized parties. All confirmed non-negative results regardless of test method under this policy will update the Contractor employees' record in the database and eliminate their eligibility effective from the test collection date.

All samples defined in this policy shall be properly stored at all times. All samples reported as non-negative must be stored for at least one (1) year. All handling and transportation of each specimen must be properly documented through strict Chain of Custody procedures.

## **8. REFUSAL TO TEST SITUATIONS**

If any Contractor employee refuses a required test for any reason at any time while working at a FE facility, he or she will be considered a "Refusal to Test" and will become ineligible for working at any FE facility. The definition of "Refusal to Test" shall be in accordance with the DOT definition. In addition to any definitions or examples set forth by the DOT, the following will be considered a "Refusal to Test":

- Failure to appear for any required test
- Failure to remain at the testing site until the testing process is completed
- Failure to provide a sufficient hair, oral, or breath alcohol specimen when required by FE
  - a. Unless it has been determined through a required medical evaluation via the MRO, then an alternate testing method will take place.
- If no valid reason exists for lack of hair. If the donor does not have head hair; hair can be collected from the arm, back, leg, underarm, or chest. If the donor had no available hair an alternate testing method will be given, and if refused, it is a refusal.

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

- Fail or decline to take an additional drug test that Contractor Supervision has directed an employee to take
- Failure to cooperate with any part of the testing process
  - a. Examples: Refusal to empty pocket, behavior that disrupts the collection process, failure to wash hands after being directed to do so
- Admission to the collector, or MRO, that the individual adulterated/substituted the specimen

#### **9. CHALLENGING A TEST RESULT**

A Contractor employee can request a re-analysis of a test result within seventy-two (72) hours of the notification of the Positive Test Result. The Contractor employee must call the TPA and request the re-analysis. This test is just a confirmation of the presence of the substance in question in the sample, it is not a re-collection. The cost is at the expense of the Contractor employee.

- **For Oral Fluid:** The Contractor employee will have the ability to have the original sample re-tested by an accredited laboratory of his or her choice from the available options provided by the MRO.
- **For Hair:** If enough hair remains from the original sample taken, the Contractor employee will be able to have the hair tested at the accredited laboratory of his or her choice from the available options provided by the MRO. If there is an insufficient amount left of the hair to do the re-analysis test, the Contractor employee needs to report to the Collection Facility within seven (7) days of the challenge to provide a second hair collection; hair **MUST** be in same condition as it was for the first collection. If no hair is available for the re-collection, the original test will stand as the record and there will be no further opportunity for re-analysis.

Any confirmed presence of a substance in the re-analysis is a Positive Test Result. If it found that the presence is not confirmed, the result will be overturned to a Negative Test Result and the Contractor employee will be eligible to return to perform Work. Cost of re-analysis is reimbursable only if result is overturned.

#### **10. ALTERNATIVE TESTING METHODS**

Contractor's Supervision will be required to notify the TPA when a Contractor employee states they have a medical condition that will prohibit hair or oral fluid collection. The TPA will notify the MRO and the MRO will complete a confidential interview with the Contractor employee. The MRO will then notify the TPA with the validated medical diagnosis and the TPA will follow alternate testing procedures. If a diagnosis is not verified by the MRO, the Contractor employee will be considered a "Refusal to Test".

#### **11. CONFIDENTIALITY**

Results can be reported to FE's Designated Employee Representative and will be available in the FE database currently maintained by the TPA. FE can authorize the release of test results to the Contractor for any of their employees who submit a Positive Result and are deemed to be ineligible to perform any Work. The Contractor employees who require this result can then access it from their Contractor's Designated Employee Representative. All Eligibility changes shall be reported to FE.

FE aspires (but cannot guarantee) to abide by the following procedures and guidelines regarding confidentiality:

- (1) All test results will be considered toxicology records and held confidential.
- (2) Only the MRO and TPA will have *detailed* information concerning a Contractor employee's laboratory drug screening.

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

(3) Medical personnel, the Contractor, its supervisors, or any other personnel will not disclose any information regarding the screening of a Contractor employee to individuals outside of their organizations.

(4) Information may be divulged for grievances, arbitration, and/or litigation with respect to these matters to the extent permitted by law.

## **12. CONTRACTOR REQUIREMENTS**

Contractor shall ensure that it follows this Contractor Substance Abuse Compliance Policy by submitting the FE Contractor Registration Form to the TPA who will review for compliance with FE policy. Contractor shall ensure all employees who will be working at a FE facility are oral fluid tested or alternate as outlined in Section 7. Thus, when the Contractor knows of individuals needing entrance testing, the Contractor should contact the TPA to coordinate the testing.

It shall be the Contractor's sole responsibility to monitor their employees' performance, to ensure they remain current while working at FE site, and to administer discipline at their discretion. The Contractor will inform Contractor employee in cases where they may not, temporarily or permanently, perform Work at FirstEnergy facilities. Contractor shall notify its union representation, if applicable, of any Contractor employee who has been removed from a FE facility and provide written documentation to the FE facility that this notification has taken place. Reference Contractor Removal Report (Form X- 3930).

Contractor shall provide completion documentation to the Contractor employee, and/or their Union Representative, if applicable. Contractor shall maintain a record of all test results in accordance with all applicable state laws, rules and regulations.

## **13. VIOLATIONS**

Any violation of the policy warrants the following action, to be executed by Contractor:

1. Removal from the work site and banned from working at any FE facilities for one (1) year, from the date of violation.
2. If a second violation of this policy occurs, the Contractor employee will be banned indefinitely.
3. If a Contractor employee attempts to adulterate or substitute a sample, the Contractor employee will be banned indefinitely.

## **14. DOCUMENTATION**

The following forms are to be used in administering this Substance Abuse Compliance Policy:

FE Company Registration Form	Amerisafe Website
FE Contractor Removal Report (and instructions)	Amerisafe Website, FE Form X-3930
Forensic Chain of Custody Form	Amerisafe Website, Sample Only, Site Specific
Contractor Employee Listing for Random Testing	Provided by Amerisafe
Reasonable Suspicion Observation Checklist	FE Form X-3070

Access the website forms at <https://www.amerisafe-css.com/firstenergy-corporation-client-documents>  
Or from the [Amerisafegroup.com](https://www.amerisafegroup.com) Home Page -> Occupational Health Service -> Client Specific Forms -> View FE Documents



FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

**15. RETURN TO DUTY PROCESS**

A Contractor employee in violation of this policy shall be banned from working at any FE facilities for one (1) year from the date of violation before being eligible for Return-to-Duty. A Contractor employee may exercise an alternate option and reduce the suspension down to a period of (6) months. A failed test, including the Return-To-Duty, in either option will be considered the second offense of the substance abuse policy and will result in an indefinite and possibly permanent suspension.

All Return-To-Duty oral saliva tests must be coordinated with and collected by TPA, but only after TPA receives completion documentation from SAP. The SAP will provide completion documentation to the Contractor employee, and/or their Union Representative and forwarded through Contractor to the TPA when the Contractor employee desires to return to perform any Work at FirstEnergy's Facilities. The TPA shall notify FE of the eligibility change for the return of any Contractor employee to FirstEnergy's facilities, prior to return.

**Standard 1-Year Suspension**

To be eligible to return to perform any Work at a FE facility, the Contractor employee will be suspended for one (1) year from the date of violation and must participate in a Substance Abuse Education/Treatment Program with a qualified SAP that includes a clinical assessment, a prescribed treatment plan, and a verified negative Return-To-Duty oral fluid test result and follow up testing. A Return-To-Duty oral fluid test must be administered no more than fourteen (14) days prior to the start of Work at an FE facility in order to be considered a valid policy Return-To-Duty Test. After the Return to Duty test, the Contractor employee must have an entrance test done prior to site re-entry to a FE Facility. This test must be administered by the FirstEnergy TPA. Prior to the Contractor employee being permitted back on FE property, the Contractor employee must have passed the separate entrance test.

The Contractor employee will be subject to accelerated Random Testing, as recommended by the SAP, as a condition of further employment. The Contractor employee will also be subject to accelerated Random Testing by FE at any time with any method for a period of three (3) years from collection date of their Return-To-Duty Test.

**Alternate 6-Month Suspension**

As an alternative to the 1-year suspension mentioned above, to be eligible to return to perform any Work at a FE facility following a violation of this policy, the Contractor employee can elect a 6-month suspension from date of violation and must participate in a Substance Abuse Education/Treatment Program with a qualified SAP that includes a clinical assessment, a prescribed treatment plan, and a verified negative Return-To-Duty oral fluid test result and follow up testing. A Return-To-Duty oral fluid test must be administered no more than fourteen (14) days prior to the start of Work at an FE facility in order to be considered a valid policy Return-To-Duty Test. After the Return to Duty test, the Contractor employee must have an entrance test done prior to site re-entry to a FE Facility. This test must be administered by the FirstEnergy TPA. The Contractor employee must pass this entrance test before being permitted back on FE property,

Upon return, the Contractor employee will be subject to weekly testing for the first 8 weeks of cumulative on-site time and will be subject to accelerated Random Testing for a 6-month period, as recommended by the SAP, AT CONTRACT EMPLOYEE COST as a condition of further employment. Once the one-year period from initial removal is achieved, the Contractor employee will be subject to accelerated Random Testing by FE at any time with any method for a period of three (3) years at the expense of FirstEnergy.

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES**  
Revised: 3/23/2022

**16. COST**

All costs for administering the policy including testing is to be borne by FE with the following exceptions:

- 24/7 Emergency Collection Service
- Blood Testing for 3<sup>rd</sup> alternate method for Entrance Testing
- Challenging Test Results
- SAP / Return to Duty testing cost shall be the responsibility of the Contractor employee
- Additional testing as outlined in the Alternate 6-Month Suspension option

Emergency 24/7 Collection Service and associated test fees will be back charged to the Contractor by FE.

**17. SUBSTANCE ABUSE POLICY CHANGES**

FE reserves the right to amend or make written changes to this policy.

**18. CONSUMPTION OF FOOD OR FOOD RELATED PRODUCTS CONTAINING HEMP**

The consumption of food and food-products containing hemp or hemp oil may cause a Contractor employee to have Positive Test Result. A Positive Test Result that is positive due to a Contractor employee's consumption of food or food-related products containing hemp will be reported as a Positive Test Result.

**19. APPENDIX LISTINGS**

- Appendix A – Definitions
- Appendix B – Hair testing procedure
- Appendix C – Saliva/oral fluid testing procedure
- Appendix E – Blood testing procedure
- Appendix F – Testing panels
- Appendix G – Random participant selection process

FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Appendix A - Definitions  
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1. Accident – an unplanned or unintended event that occurs on company property, during the conduct of company’s business, or during scheduled work hours, or which involves company supplied motor vehicles that are used in conducting business, or is within the scope of employment, and which results in any of the seven (7) situations:
  - a. A fatality of anyone involved in the accident;
  - b. Bodily injury to the employee and/or another person that requires off-site medical attention away from the company’s designated place of employment/worksites;
  - c. Any accident in which the driver is cited and there is disabling damage to the vehicle(s) requiring tow-away;
  - d. Any accident in which the driver is cited, and off-site medical attention is required;
  - e. Vehicular damage in apparent excess of \$1000.00;
  - f. Non-vehicular damage to any company property (i.e. – tools, materials, etc.) in apparent excess of \$750.00;
  - g. Any event resulting in injury to a person or property to which an employee, or Contractor/contractor’s employees contributed as a direct or indirect cause.
2. Alcohol – Breath alcohol level above 0.02 BAC is considered a program violation.
3. Collection Facility/Site – Approved location where participants can provide a specimen for testing.
4. College of American Pathologists (CAP) – The College of American Pathologists is the leading organization of board-certified pathologists, serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.
5. Commercial Motor Vehicles - A commercial motor vehicle (CMV) is any vehicle used to transport goods or passengers for the profit of an individual or business. Examples of CMVs include pickup trucks, box trucks, semi-trucks, vans, coaches, buses, taxicabs, trailers and travel trailers.
6. Computer Generated Selection Process – Third party administrator will randomly select participants to be tested through a computer-generated selection process.
7. Controlled Substances and Drugs are used interchangeably in this policy and mean marijuana (including marijuana used for medical purposes), cocaine, opiates, amphetamines, methamphetamines, barbiturates, benzodiazepines, methadone, oxycodone, phencyclidine (PCP), synthetic drugs or their metabolites. The terms “controlled substances” and “drugs” include legal substances obtained illegally or used in an unauthorized manner, but do not refer to the proper use of controlled substances authorized by law which do not affect job safety or performance, FE complies with DOT Regulation 49 CFR Part 40, 40.151(e) and federal guidelines which do not authorize the use of marijuana for medical or recreational purposes for both DOT and non-DOT testing.
8. Designated Employee Representatives (DER’s) - Are contract persons that receive communications and test results from the TPA and are authorized to take immediate actions to “remove” employees from duty. These individuals work directly with the program’s Third-Party Administrator (TPA). All DER’s are to keep privileged substance abuse information confidential.
9. Dilute Specimen - A dilute specimen with a valid, negative laboratory result shall be treated as a negative program test. A dilute specimen with an MRO confirmed positive laboratory result, shall be treated as a positive program test. Recollection of a dilute specimen shall be deemed necessary when both the specific gravity and Creatinine concentrations are abnormally low, (specific gravity

FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Appendix A - Definitions  
Revised: 6-1-2021

< 1.003 and Creatinine < 20 mg/dl). Such a recollection may not be collected under direct observation, unless there is another basis for use of direct observation, e.g., dilute specimens where the creatinine is 2-5 mg/dL.

10. Eligible/Eligibility - Database system status referring to an employee who is validated as current in the FE database or has a current drug screen under an approved reciprocal program.
11. Employee – Individuals, who perform work for (Company Name), including, but not limited to, management, supervision, engineering, craft workers and clerical personnel.
12. Employee Assistance Program / Member Assistance Program (EAP/MAP)  
An EAP/MAP is intended to prevent or address substance abuse problems and may assist employees/union members and their eligible family members with interpersonal conflicts, family problems, workplace crises, eldercare stresses, psychological problems and financial management. The EAP/MAP is able to provide voluntary and confidential counseling services.
13. Incident – An event, which has all the attributes of an accident, except that no harm was caused to person or property.
14. Ineligible - Database system status referring to an employee who is not validated as having a current drug test. (An ineligible employee should contact the TPA or his/her Company Designated Employee Representative.)
15. International Organization for Standardization (ISO/IEC 17025) – The International Organization for Standardization is an international standard-setting body composed of representatives from various standard organizations.
16. Liquid Chromatography/Mass Spectrometry (LC-MS) – An analytical chemistry technique that combines the physical separation capabilities of liquid chromatography with the mass analysis capabilities of mass spectrometry.
17. Medical Review Officer (MRO) – A licensed physician, qualified by either AAMRO or MROCF, who is responsible for receiving laboratory results and determining if there is a medical explanation for the presence of drugs/metabolites in the donor's specimen. This physician must have knowledge of substance use disorders and appropriate medical training to interpret an individual's confirmed positive test result, together with his/her medical history and any other relevant medical information.
18. Negative Test result – A drug test result acceptable for employment and/or an alcohol test result at or below 0.02%.
19. Positive Test Result – A test result, which exceeds the cut-off limits, within the criteria indicated in Section 6 of this specification and as verified by the program's MRO. Or, a test that has been tampered with in any way (adulterated specimen). Lastly, a refusal (shy bladder, substituted, etc., as verified by an MRO, will be treated as a positive test result. Medicines prescribed or purchased in a foreign country may cause a positive drug test.
20. Prohibited Substances – Prohibited substances include illegal drugs (including controlled substances, look-alike drugs and designer drugs) and alcoholic beverages in the possession of or being used by an employee on the job.

FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Appendix A - Definitions  
Revised: 6-1-2021

21. Reasonable Suspicion / For Cause Testing – Reasonable suspicion shall be defined as, but not limited to, excessive absenteeism or tardiness, slurred speech, alcohol smell, and erratic behavior such as noticeable imbalance, incoherence and disorientation.
22. Return to Duty – Requirements established for employees returning to work once after violation of the substance abuse program by receiving a positive or non-negative test result. See Section 15 for more details.
23. Safety Plus Web – Online database accessible to contractors to determine the eligibility of their employees.
24. Sample or Specimen – Hair, Saliva, breath, or other product of the human body capable of revealing the presence of drugs or their metabolites or of alcohol.
25. Substance Abuse Mental Health Services Administration (SAMHSA) - The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division of the Health and Human Services Department (HHS), was established in 1992 by the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (Pub. L. No. 102-321). SAMHSA provides national leadership in the prevention and treatment of addictive and mental disorders, through programs and services for individuals who suffer from these disorders.
26. Substance Abuse Professional (SAP) – A qualified professional as outlined in DOT Rule 49 CFR Part 40 which includes: licensed physicians, licensed/certified psychologists, social workers, employee assistance professionals and certified addiction counselors with knowledge of and clinical experience in the diagnosis and treatment of alcohol/drug-related disorders.
27. Supervisor/Supervision – A Contractor representative that meets the following minimum qualifications: Successfully carry out the requirements of Reasonable Suspicion protocol including observational behaviors, documentation, direct follow up discussion and substance abuse test coordination.
28. Synthetic / Designer Drugs - Synthetic substances that mimic marijuana, cocaine and other illegal drugs that can cause seizures, hallucinations and death. Many states have banned the sale, use or possession of these substances.
29. Third Party Administrator (TPA) - An independent entity that administers FE's collections, analysis, reporting, maintenance of records and all confidential information for each participating group.
30. Under the Influence of a Prohibited Substance – “Under the influence of a prohibited substance” as used by this policy, means the following:
  - a) Marijuana
  - b) Cocaine
  - c) Expanded Opiates
  - d) 6-Acetylmorphine
  - e) Phencyclidine
  - f) Expanded Amphetamines
  - g) Ecstasy
  - h) Barbiturates
  - i) Benzodiazepines
  - j) Methadone

FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Appendix A - Definitions  
Revised: 6-1-2021

- k) Oxycodone
  - l) Propoxyphene
  - m) Alcohol
31. Union Representative – A union representative, union steward, or shop steward is an employee of an organization or company who represents and defends the interests of her/his fellow employees as a labor union member and official.
32. Verification - the act of reviewing records in order to establish qualification status.

FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Appendix B - Hair Collection Procedure  
Revised: 6-1-2021

**Step 1: Prepare for Collection**

- Clean the scissors and hair clip with alcohol wipe.
- Collector will ensure that the Specimen ID Number on the top of the CCF matches the Specimen ID Number on the label/seal at the bottom of the form.
- Collector identifies donor by photo ID or by identification provided in person by an employer representative. If donor is not properly identified, collector cancels the collection.
- Collector enters the required information in Step 1 on CCF. Collector provides a remark in Step 2 if the donor refuses to provide SSN.

**Step 2: Specimen Collection**

- Collector evaluates if hair will be collected from the head or body and marks Step 2 whether it is a Head Hair or Body Hair, if body hair please indicate what part of the body (you can mix different parts of body hair) .
- Collector collects hair from head or body. Do NOT mix head and body hair.
- Part donor's hair horizontally across crown and secure hair out of the way with a hair clip.
- Cut approximately 20-30 strands of hair from FIVE small areas along the part line.
  - Make MULTIPLE CUTS, DO NOT take the full sample from one location.
- Cut the hair sample as close to scalp as possible.
- You should collect a total of 90-120 strands of hair, or the equivalent size of common soda-straw. Take more strands if the donor's hair is less than 1.5 inches in length. If collecting body hair, collect a sample equivalent in size to a common 1" cotton ball.
  - It is not necessary to align root ends of hair if collecting body hair
- Straighten hair to full length along center line of HST keeping the root ends together at the edge of the foil.
- Fold HST down the center line.
- Fold again LENGTHWISE.
- Any hair that is longer than the foil should be wrapped around the folded foil.
  - Collectors may fold the foil tighter or add an extra lengthwise fold for curly hair if necessary.
- Place in HAIR SPECIMEN POUCH.

**Step 3: Sealing the Specimen (Step 3 on CCF)**

- Seal the pouch with the small security label provided on the CCF. Place label across ENTIRE seal of pouch to ensure it fully secures the large flap.
- Donor dates and initials seal after the seal has been placed on the specimen hair pouch.

**Step 4: Donor Completes Certification Statement**

- Collector instructs donor to read certification statement in Step 5 and to sign, print name, date, provide phone numbers, and date of birth after reading the statement. If the donor refuses to sign the certification statement, the collector provides a remark in Step 2 on Copy 1.

**Step 5: Collector Completes CCF and Prepares Specimen for Shipment to Lab**

- Collector completes Step 4 (signature, print name, and date of collection) and immediately places the sealed specimen and Copy 1 of the CCF into plastic bag, seals plastic bag, and puts the bag in a shipping envelope.
- Collector distributes page 5 (Donor Copy) to donor and any other copies to remaining parties involved.
- Donor can now leave the collection site.

FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Appendix C – Oral Fluid Collection Procedure  
Revised: 6-1-2021

**Step 1: Prepare for Collection**

- Confirm that the donor has not had anything in his or her mouth for 10 minutes prior to providing the sample. If the donor has, donor MUST wait 10 additional minutes prior to beginning collection.
- Collector will ensure that the Specimen ID Number on the top of the CCF matches the Specimen ID Number on the label/seal at the bottom of the form.
- Collector checks the expiration date on the Collection Device packaging writes it in Step 2 of the CCF.
- Collector identifies donor by photo ID or by identification provided in person by an employer representative. If donor is not properly identified, collector cancels the collection.
- Collector enters the required information in Step 1 on CCF. Collector provides a remark in Step 2 if the donor refuses to provide SSN.

**Step 2: Specimen Collection**

- Collector opens the outer packaging containing the collection pad and the oral specimen vial.
- Place the specimen vial on a flat surface in view of the donor. Instruct the donor to remove the collection device from the packaging sleeve.
- Instruct the donor to place the collection pad between the lower cheek and gums and gently rub the pad back and forth along the gum line until the pad is moist. Once moist leave the collection pad between the cheek and gum for 5 minutes.
- After 5 minutes, have the donor open the specimen vial in an upright position with the tip pointing downward, by gently rocking the cap back and forth to avoid spilling the contents.
- Instruct the donor to push the collection pad into the specimen vial as far as it will go.
- Instruct the donor to snap the collection wand at the scored line against the side of the vial. Instruct donor to not tip the vial or spill the fluid inside.
- Instruct the donor to place the cap onto the vial until it snaps, ensuring a secure fit.

**Step 3: Sealing the Specimen (Step 3 on CCF)**

- Collector affixes seal to the oral specimen vial. Donor initials and dates seal. Collector checks to ensure date is correct.

**Step 4: Donor Completes Certification Statement**

- Collector instructs donor to read certification statement in Step 5 and to sign, print name, date, provide phone numbers, and date of birth after reading the statement. If the donor refuses to sign the certification statement, the collector provides a remark in Step 2 on Copy 1.

**Step 5: Collector Completes CCF and Prepares Specimen for Shipment to Lab**

- Collector completes Step 4 (signature, print name, and date of collection) and immediately places the sealed specimen and Copy 1 of the CCF into plastic bag, seals plastic bag, and puts the bag in a shipping envelope.
- Collector distributes page 5 (Donor Copy) to donor and any other copies to remaining parties involved.
- Donor can now leave the Collection Site.



FirstEnergy Corp.  
CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
REGULATED GENERATION AND REMOTE/RETIRED SITES  
Appendix E – Blood Draw Collection Procedure  
Revised: 6-1-2021

**Step 1: Prepare for Collection**

- Clean the collection area with disinfectant wipes.
- Collector will ensure that the Specimen ID Number on the top of the CCF matches the Specimen ID Number on the label at the bottom of the form.
- Collector identifies donor by photo ID or by identification provided in person by an employer representative. If donor is not properly identified, collector cancels the collection.
- Collector enters the required information on the CCF.

**Step 2: Specimen Collection**

- Collector evaluates the donor's arm to select the best vein to collect the blood.
- Apply the tourniquet about 4-5 finger widths above the venipuncture site and re-examine the vein.
- Clean the site with an alcohol swab for 30 seconds and allow to dry completely.
- Anchor the vein by holding the patient's arm and placing a thumb below the venipuncture site.
- Enter the vein swiftly at a 30-degree angle or less and continue to introduce the needle along the vein at the easiest angle of entry. After the vein has been entered, introduce the vacutainer or collection vessel onto needle/hub assembly to obtain the specimen.
- Release the tourniquet before withdrawing the needle. Remove collection vessel from the needle/hub assembly, then withdraw the needle.
- Withdraw the needle gently and apply pressure to the site with a sterile gauze pad.
- Discard the used needle into a puncture-resistant sharps container.
- Collector places a label from the bottom of the CCF on the blood draw collection tube.
- Place in Blood Draw SPECIMEN POUCH.

**Step 3: Collector Completes CCF and Prepares Specimen for Shipment to Lab**

- Collector writes date and time of collection and immediately places the sealed specimen and Copy 1 of the CCF into plastic bag, seals plastic bag, and puts the bag in a shipping bag
- Donor can now leave the Collection Site.

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
 REGULATED GENERATION AND REMOTE/RETIRED SITES**  
 Appendix F – Testing Panels  
 Revised: 6-1-2021

**Hair 5-Panel plus Expanded Opiates**

Drug Name	Initial Screening Cut-Off Limit	Confirmation Cut-Off Limit
AMPHETAMINES <ul style="list-style-type: none"> <li>• AMPHETAMINE</li> <li>• METHAMPHETAMINE</li> <li>• Ecstasy (MDMA)</li> <li>• MDA</li> </ul>	500 pg/mg hair	500 pg/mg hair 500 pg/mg hair 500 pg/mg hair 50 pg/mg hair
COCAINE <ul style="list-style-type: none"> <li>• Cocaine</li> <li>• Benzoylecgonine</li> <li>• Cocaethylene</li> <li>• Norcocaine</li> </ul>	500 pg/mg hair	500 pg/mg hair 50 pg/mg hair 50 pg/mg hair 50 pg/mg hair
OPIATES <ul style="list-style-type: none"> <li>• CODEINE</li> <li>• MORPHINE</li> <li>• HYDROCODONE</li> <li>• HYDROMORPHONE</li> <li>• Oxycodone</li> <li>• 6MAM (Heroin metabolite)</li> </ul>	200 pg/mg hair	200 pg/mg hair 200 pg/mg hair 200 pg/mg hair 200 pg/mg hair 200 pg/mg hair 200 pg/mg hair
PHENCYCLIDINE	300 pg/mg hair	300 pg/mg hair
MARIJUANA METABOLITE	1 pg/mg hair	0.1 pg/mg hair

**Oral Fluid 10-Panel Test**

Drug Name	Initial Screening Cut-Off Limit	Confirmation Cut-Off Limit
AMPHETAMINES <ul style="list-style-type: none"> <li>• AMPHETAMINE</li> </ul>	100 NG/ML	50 NG/ML
METHAMPHETAMINES <ul style="list-style-type: none"> <li>• METHEAMPHETAMINE</li> <li>• MDEA</li> <li>• MDA</li> <li>• MDM</li> </ul>	40 NG/ML	50 NG/ML 50 NG/ML 50 NG/ML 50 NG/ML
BENZODIAZEPINES	1 NG/ML	5 NG/ML
BARBITURATES	20 NG/ML	60 NG/ML
COCAINE METABOLITE	5 NG/ML	8 NG/ML
OPIATES <ul style="list-style-type: none"> <li>• CODEINE</li> <li>• MORPHINE</li> <li>• HYDROCODONE</li> <li>• 6-MAM (Heroin)</li> </ul>	10 NG/ML	40 NG/ML 40 NG/ML 40 NG/ML 4 NG/ML
OXYCODONE	10 NG/ML	40 NG/ML
PHENCYCLIDINE	1 NG/ML	10 NG/ML
MARIJUANA METABOLITE	1 NG/ML	2 NG/ML
METHADONE	5 NG/ML	15 NG/ML

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
 REGULATED GENERATION AND REMOTE/RETIRED SITES**  
 Appendix F – Testing Panels  
 Revised: 6-1-2021

**Blood 10-Panel Drug Test**

Drug Name	Reference Range	Confirmation Threshold
AMPHETAMINES <ul style="list-style-type: none"> <li>• AMPHETAMINE</li> <li>• METHAMPHETAMINE</li> <li>• MDMA</li> <li>• MDA</li> <li>• MDEA</li> </ul>	50 NG/ML	10 NG/ML
BENZODIAZEPINES	20 NG/ML	10 NG/ML 2 NG/ML for: alprazolam, triazolam, midazolam and clonazepam
BARBITURATES	0.1 UG/ML	0.2 UG/ML
COCAINE METABOLITE	25 NG/ML	10 NG/ML
OPIATES <ul style="list-style-type: none"> <li>• CODEINE</li> <li>• MORPHINE</li> <li>• HYDROCODONE</li> <li>• HYDROMORPHONE</li> </ul>	5 NG/ML	1 NG/ML
6-MAM (Heroin)	5 NG/ML	1 NG/ML
OXYCODONE	5 NG/ML	1 NG/ML
PHENCYCLIDINE	8 NG/ML	5 NG/ML
MARIJUANA METABOLITE	5 NG/ML	1 NG/ML
METHADONE	25 NG/ML	1 NG/ML
PROPOXYPHENE	50 NG/ML	50 NG/ML

**Alcohol (Breath)**

Drug Name	Initial Screening Cut-Off Limit	Confirmation Cut-Off Limit
Alcohol	0.02%	0.02%

FirstEnergy Corp.  
**CONTRACTOR SUBSTANCE ABUSE COMPLIANCE POLICY FOR  
 REGULATED GENERATION AND REMOTE/RETIRED SITES**  
 Appendix G – Random Participant Testing Process  
 Revised: 6-1-2021

Third party administrator will randomly select participants to be tested through a computer-generated selection process.

Amerisafe Group creates random batches of participants to test using our test tracking and eligibility software called i3Screens.

When we choose to create a random batch, we can select a percentage or whole number of participants to select from the entire pool for a job. Our application will then use a random number generator to select which participants from the total pool are selected to include in the batch.

