



**ANNUAL NOTIFICATION OF EMPLOYEE RIGHTS TO ACCESS SAFETY AND HEALTH EXPOSURE AND MEDICAL RECORDS**

This statement serves to inform you of your rights to access safety and health exposure and medical records as required by 29 CFR 1910.1020.

A request to obtain exposure or medical records should be in writing. Upon request, a copy of the record will be provided within 15 working days. You may obtain a copy of your medical results from the clinic that performed the physical examination. You, or someone whom you designate to receive confidential information, have the right to access records that are relevant to you.

Employee exposure records contain any of the following information:

- Environmental workplace monitoring or measuring of a toxic substance or harmful physical agent
- Biological monitoring results that directly measure toxic substances or harmful agents in the body
- Material safety data sheets indicating that the chemical product may pose a hazard to human health
- Chemical inventories

Employee medical records concern the health status of an employee. They include your individual:

- Medical questionnaires or histories, job description, and occupational exposures
- Results of medical examinations (pre-placement, periodic, DOT) and the laboratory tests
- First aid records
- Medical opinions, diagnoses, progress notes, recommendations, treatments, and prescriptions
- Employee medical complaints
- Group insurance records

**EMPLOYEE DRUG / ALCOHOL TESTING AUTHORIZATION**

I hereby agree to submit to testing as required by *Brahma Group, Inc.* I authorize the testing laboratory to disclose to the Safety Officer, President, or specifically-designated Company officials, who are responsible for taking action or providing advice based upon the results of the testing, the results of tests it performs to ascertain the presence of drugs/controlled substances in my urine, blood or breath samples. Results, which may be disclosed, shall not include information unrelated to the presence of drugs/controlled substances, as defined by the Policy, in such samples. The use of such results by the Company shall be limited to determining my initial eligibility under the drug policy for employment if I am a job applicant, or continued employment and to effectuating any discipline there under if I am an employee or as otherwise permitted by law or company policy.

This authorization shall be effective as of the date of my signature. I understand that a separate testing authorization is required for each test administered under the Company policy. By my signature below I acknowledge receipt of a copy of this authorization.

Your signature below shall acknowledge and affirm your agreement to abide by the requirements of the specimen collection procedure outlined in the Brahma Drug and Alcohol Policy. This procedure requires that all specimen collections be completed in the immediate presence of the technician performing the collection.

I understand that I have the right to examine and copy my personal medical information. I also have access to data from industrial hygiene monitoring conducted for my position. I will receive this information within 15 working days from my written request. I have the opportunity to discuss with the doctor the results of any physical examination performed, or any exposure records with the Safety Office. I agree to submit to an update and/or exit physical examination if one should be requested. I understand screening for drug and alcohol usage may also be requested.

Print Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_