



MATAGRANO, INC.
440 FORBES BLVD.
SO. SAN FRANCISCO, CA 94083

Consent And Release To Submit To Drug Testing

I hereby authorize Pacific Occupational Health (collection facility) to collect a urine specimen from me to test for controlled substances and/or alcohol. Such collection and testing procedures shall be in full compliance with Department of Transportation (DOT), Federal Highway Administration regulations and procedures. I understand that the collection facility shall then send the urine specimen to a NIDA approved laboratory for testing. This report shall identify the drugs tested for, whether the test was positive or negative, and the quantitative results of any positive test. The report shall be sent the Medical Review Officer. The Medical Review Officer shall comply with DOT regulations in attempting to consult with me in the event of a confirmed positive test and, if that result is verified, will report the result to appropriate Matagrano Inc. management and shall report the drug(s) for which there was a positive result, but not disclose to Matagrano Inc. the quantitative results of a positive test. In the event a grievance or any challenge is filed the challenging any aspect of the drug test, I understand that the quantitative results of the test shall be simultaneously released to a representative of Matagrano Inc. and my Union.

I understand this is not a waiver of liability and I cannot be required to waive liability with respect to negligence on the part of any person participating in the collection, handling or analysis of the specimen or to indemnify any person for the negligence of others.

EMPLOYEE NAME (print)

Date: _____

EMPLOYEE SIGNATURE

WITNESS NAME (print)

Date: _____

WITNESS SIGNATURE