B&L M

Logging Inc.

DRIVER APPLICATION

APPLICATION FOR EMPLOYMENT

COMPANY NAME: _____ STREET ADDRESS _____

CITY: _____ STATE: _____ ZIPCODE: _____

NAME: _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: _____ HOW LONG? _____
(Street) (City) (State & Zip code)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS FOR THE PAST THREE YEARS:

_____ HOW LONG? _____
(Street) (City) (State & Zip code)

_____ HOW LONG? _____
(Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX.NO.OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.}	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
B. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME_____

ADDRESS _____ TELEPHONE NUMBER_____

POSITION HELD_____

FROM_____ TO _____

REASONS FOR LEAVING_____

SECOND LAST EMPLOYER: NAME_____

ADDRESS _____ TELEPHONE NUMBER_____

POSITION HELD_____

FROM_____ TO _____

REASONS FOR LEAVING_____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER_____

POSITION HELD_____

FROM_____ TO _____

REASONS FOR LEAVING_____

****

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

_____ _____

Date **Applicant's Signature**

Equal Employment Opportunity (EEO)

Self-Identification Form (completion of this form is voluntary)

B & M Logging, Inc. is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

For the purpose of this form, please indicate the group in which you appear to belong, identify with, or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

Race and Ethnic Identification: ***Gender:*** ☐ **Female** ☐ **Male**

☐ **Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **White (Not Hispanic or Latino)**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino)**
A person having origins in any of the Black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)**
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)**
All persons who identify with more than one of the above five races.

☐ **Vet.** ☐ **Disabled** ☐ **Vietnam Era** ☐ **Other Eligible**
☐ **Armed Forces Service Medal** ☐ **Recently Separated**

☐ **I do not wish to provide this information.**

Print Name:_____ **Date:** _____

Signature:_____

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED BY PART 40.25(j).

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME_____ DATE _____

SOCIAL SECURITY # _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

During the past two (2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return –to-duty process required by Part 40 Subpart O.

_____

_____

_____

_____

_____

Date _____ Name (printed) _____

Signature of Applicant/Driver_____

Witness_____

Record keeping requirements: If "Yes" to either question –5 year retention.
If "No" to either question-discard after employment terminates.

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

_____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

_____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ____ **NO** ____
2. Did the employee have verified positive drug tests? **YES** ____ **NO** ____
3. Did the employee refuse to be tested? **YES** ____ **NO** ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ____ **NO** ____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ____ **NO** ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** ____ **YES** ____ **NO** ____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

PRE-EMPLOYMENT URINALYSIS AND BREATH ANALYSIS CONSENT FORM

I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all driver-applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances, and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.

Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

_____ _____/_____/_____

(Applicant's Name - print) *(Month)* *(Day)* *(Year)*

_____

(Applicant's Signature)

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	**List B** Identity	AND	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2022

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . . ▶ $

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

CAUTION ***Multiple jobs.*** *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $ _____

2 Enter:
- $25,900 if you're married filing jointly or qualifying widow(er)
- $19,400 if you're head of household
- $12,950 if you're single or married filing separately

. . . . . **2** $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $ _____

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$110	$850	$860	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,770	$1,870
$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$400	$930	$1,020	$1,020	$1,250	$1,870	$1,870	$1,870	$1,870	$1,970	$2,040	$2,040
$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$760	$910	$1,020	$1,020	$1,020	$1,190	$1,870	$1,870	$1,870	$2,040	$2,040
$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____ Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability

☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

WASHINGTON STATE DEPARTMENT OF LICENSING

Driving Record Request

For validation only

106-060-421-0005

Driving records are available for a **$13 non-refundable fee for each record.**

For fastest service:

- **To purchase your own driving record online** login to License eXpress at **dol.wa.gov/licenseexpress.html**. You can print it or save it and it's available for 30 days if you need to print it again.
- **To purchase driving records online for authorized business needs**, login and create a business account in License eXpress at **dol.wa.gov/licenseexpress.html**. You can print your records or save them and they are available for 30 days if you need to print them again.

To purchase by mail, please allow 10 business days for processing.

- **Use this form.** If you are requesting a driving record for an employee, prospective employee, or volunteer, you must get a **Driving Record Release of Interest** form from the driver before making your request. Keep it in your files. Do not mail it to us. We will send the record to you or the individual or company you indicate below.

  Mail this form and the non-refundable fee for each record in a check or money order payable to Department of Licensing to:
  Driver Records, Department of Licensing, PO Box 3907, Seattle, WA 98124-3907

If you have additional questions, contact customer service at (360) 902-3900, option 6.

Requestor information

PRINT or TYPE Requestor name	(Area code) Daytime telephone number
Mailing address *(Street address or PO Box, City, State, ZIP code)*	
Email	(Area code) Fax number
How would you like the driving record(s) sent? ***(Choose one)*** ☐ Email ☐ Fax ☐ U.S. mail (one record only)*	**We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.*

Drive record requested

PRINT or TYPE Name *(Last, First, Middle initial)*	
Date of birth	Washington driver license number

Type of record requested ***(If more than one record type selected, include $13 for each additional record)***

Insurance records show violations, convictions, and accidents only. Other drive records show traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications.

We offer the following types of driving records:

☐ **Alcohol/Drug assessment** (up to 10 years)–Used by chemical dependency agencies.
☐ **Employment record**–Used by employers, volunteer organizations, and transit authorities to determine eligibility.
☐ **Insurance record** (3 year)–Used to create and renew life, vehicle, and commercial vehicle insurance policies.
☐ **Full record**–A complete driving record provided to the person named on the record.

I certify under penalty of perjury that I am entitled by federal or state laws to obtain an abstract of the driver record of the individual requested.

Date and place signed (city or county)

X
Signature

If requesting additional drive records, attach separate sheets using this format. **Include $13 non-refundable fee per record.**

RCW 46.52.130, 18 USC Chapter 123

Driver Record Request Form Data Sharing Agreement – General Form

This **Data Sharing Agreement** (Agreement) is between the Washington State Department of Licensing (DOL), and the entity (Requestor) named on the Driver Record Request form (Form). By submitting this Form to DOL, Requestor acknowledges and agrees to the following:

1. **DEFINITIONS:** The following terms have the meanings set forth below:
   - **"Drive Record"** is a copy of a driving record that includes a history of violations, convictions, collisions, and departmental actions incurred by a driver over a period of time. It may not include the license original issue date.
   - **"Confidential Information"** means information that may be exempt from disclosure to the public or other unauthorized persons under state or federal statutes. Confidential Information includes, but is not limited to information that identifies an individual, including an individual's photograph, social security number, name, address (but not the five-digit zip code), telephone number, medical or disability information, credit card information, driver license numbers, law enforcement records, and banking profiles.
   - **"Permissible Use"** means only those users authorized in this Agreement.
2. **GRANT OF LICENSE:** Subject to the terms and conditions of this Agreement, DOL agrees to grant Requestor with a limited non-transferable license to have access to selected Driver Records. At all times DOL remains the owner of all data contained in Driver Records provided under this Agreement.
3. **COMPENSATION:** Requestor will pay a non-refundable thirteen dollars ($13.00) for each Driver Record, which Requestor will include when submitting the Form. If the established amount changes, Requestor will pay the updated amount as set by statute. In the event Requestor does not make timely full payment, the unpaid debt may be subject to applicable interest and fees and eventual collection practices as allowed by law. DOL may refuse to provide future Driver Records until Requestor is current with all payments.
4. **ACCESS REVIEW ON DRIVER RECORDS:** Requestor must actively monitor to ensure that all Driver Records are accessed or used only for official job responsibilities. Requestor must immediately bar the access to anyone who accesses or uses Driver Records outside of a Permissible Use specifically allowed for in this agreement.
5. **RELEASE OF INTEREST – EMPLOYERS AND VOLUNTARY ORGANIZATIONS:** If Requestor is requesting Driver Record(s) as an employee prospective employee, or volunteer, Requestor must first obtain a Release of Interest signed by: a) The employee, prospective employee, or prospective volunteer that authorizes the release of the Driver Record; and b) The employer or volunteer organization attesting that the information is necessary for employment purposes related to driving by the individual as a condition of employment or otherwise at the direction of the employer or the volunteer organization. If the employer, prospective employer, or volunteer organization authorizes an agent to obtain this information on their behalf, the use of the agent must be noted in the Release of Interest.
   For employer and prospective employer purposes, the Release of Interest must also note that any information contained in the Driver Record related to an adjudication that is subject to a court order sealing the juvenile record of an employee or prospective employee may not be used by the employer or prospective employer, or an agent authorized to obtain this information on their behalf, unless required by federal regulation or law. The employer or prospective employer must afford the employee or prospective employee an opportunity to demonstrate that an adjudication contained in the abstract is subject to a court order sealing the juvenile record.
   The Release of Interest must be signed by the employee, prospective employee, or volunteer organization before the Requestor requests the Driver Record.
   DOL may audit Requestor at any time to verify that all Release of Interests were executed prior to requesting such records, and that all necessary information was contained in the Release of Interests.
6. **SAFEGUARDING OF CONFIDENTIAL INFORMATION:** Driver Records provided pursuant to this Agreement include Confidential Information. Requestor acknowledges and agrees that it has a continuing obligation to comply with all federal and state laws, regulations, and security standards as enacted or revised over time, regarding, protection of Confidential Information, data security, electronic data interchange and restricted uses of such information.
   Requestor must maintain and support administrative, technical or physical methods used to monitor compliance with the Data Safeguards and Permissible Use(s) authorized in this Agreement across all Requestor business practices.
7. **SAFEGUARDING POLICIES AND PROCEDURES:** Requestor must maintain written policies and procedures to ensure Confidential Information is safeguarded and only used as authorized herein. At a minimum, the policies and procedures must include: a) limited access to only necessary personnel, b) view only access to Confidential Information, c) proper storage and handling of electronic and hard copy documents containing Confidential Information, and d) training requirements on the Permissible Use(s) to personnel with access to Confidential Information).
8. **PERMISSIBLE USE:** Driver Records may only be used for lawful actions authorized under RCW 46.52.130 (http://app.leg.wa.gov/RCW/default.aspx?cite=46.52.130), and as approved by DOL after reviewing Requestor's Form. Any other use is strictly prohibited. This prohibition includes, without limitation, the use of a Driver Record for purposes of investigating, locating, or apprehending individuals for immigration related violations. Any entity receiving an Driver Record under the Permissible Uses listed under RCW 46.52.130 must use the Driver Record exclusively for its own purposes or as expressly permitted under RCW 46.52.130, and may not divulge any information contained in the Driver Record to a third party.
   A negligent violation of RCW 46.52.130 is a gross misdemeanor. Any intentional violation is a class C felony.
9. **DISPOSAL OF CONFIDENTIAL INFORMATION:** Requestor shall dispose of any Driver Record at any time when Requestor's immediate use of that record is no longer needed.
10. **GOVERNANCE:** This Agreement is governed by the laws of the state of Washington and any applicable federal laws. Venue for any legal action arising out of this Agreement is the Thurston County Superior Court. In the event of an inconsistency in terms of this Agreement, or between the terms and any applicable statute or rule, the inconsistency will be resolved by giving precedence in the following order: 1) Applicable federal and Washington State laws, and regulations; 2) Terms and conditions of this Agreement; and 3) The Requestor's Form, which is incorporated herein.
11. **INDEPENDENT CAPACITY:** The scope of this Agreement maintains each Party's independent status as a self-governed entity, and nothing herein may be deemed as allowing any employee or agent of one Party to be considered as the employee or agent of the other Party.
12. **INTEGRITY OF DATA:** DOL compiles its data based in part on the reporting of information from outside individuals and entities; DOL may not be held liable for any errors which occur in compilation of data.
13. **HOLD HARMLESS:** Requestor shall hold DOL harmless for any damages or claims arising from its own acts and/or omissions, which includes those acts or omissions of its employees and agents. For any matters concerning Data Security, safeguarding, and Permissible Use, Requestor will be held to a strict liability standard.
14. **RECORDS ACCESS AND INSPECTIONS:** Requestor, at the request of DOL, must provide, access to all records retained in connection with the receipt of Driver Records under this Agreement. Upon request, such records must be made available for audit, inspection, review, and/or copying at no additional cost to DOL. DOL has the right to audit Requestor at any time, at Requestor's expense, to verify that Requestor is complying with all data security and permissible use requirements herein.
15. **SEVERABILITY:** If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.
16. **WAIVER:** The omission of either Party to exercise its rights under this Agreement does not preclude that Party from subsequent exercising of such rights and does not constitute a waiver of any rights under this Agreement, unless stated as such in writing, and signed by an authorized representative of the Party.

B&M Logging Inc.

281 Hamilton Rd. N.
Chehalis, WA 98532
Office (360) 748-6904
Fax (360) 748-3077

B&M Logging Inc. is currently updating all employee file information. This is necessary for many reasons, some of which include being able to mail information to employee's homes, contact employee by phone and / or the need to contact someone in case of an emergency. Please provide the following information, sign, date and return it to the office. Thank you

Employee Information

Name:_____

Address:_____

_____

Home Phone #:_____

Cell Phone #:_____

Emergency Contact Name:_____

Relationship:_____

Phone Number:_____

First Aid Card: YES_____ NO_____ Expiration Date:_____

Pilot License: YES_____ NO_____ Expiration Date:_____

Comments:_____

_____

_____

_____
(Print Name)

_____ _____
(Signature) (Date)

REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to _____ (Prospective Employer) for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

_____

_____

_____

_____

THIS FORM WAS (check appropriate box)

☐ Mailed, Date: _____

☐ Faxed, Date: _____

☐ Emailed, Date: _____

☐ Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____ from (m/y) _____ to (m/y) _____ .

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____ . Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: _____ Attention: _____

Street: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐.

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION

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B&M Logging Inc.
281 Hamilton Rd. N.
Chehalis, WA 98532
O: 360-748-6904
F: 360-266-0246

SEPERATION FORM / LETTER

Name _____ Date of Separation _____

Supervisor _____ Department _____

In connection with your separation, whether it is a voluntary quit, reduction of force and/or a termination, **you will be responsible for picking up your final check at the B&M Office located at 281 Hamilton Rd. N. Chehalis, WA 98532.**

Reason for Separation:

- ☐ Voluntary Quit
- ☐ Reduction of Force
- ☐ Dismissed
- ☐ Other (specify)_____

Date of Notice Given _____ Last Day Worked _____

Reason for Separation:

_____

_____

Employee eligible for rehire: ☐ Yes ☐ No ☐ Yes w/ Review\

Any questions/concerns regarding your separation should be directed to your supervisor.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Print) _____

DAY	TOTAL TIME ON DUTY
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last priod of release from duty was from

_____ to _____
(Hour/Date) (Hour/Date)

Signature_____ Date_____

(Form 17 – Rev. 10-2001)

Driver Qualification File Checklist

49 CFR 391 explains the minimum requirements for commercial motor vehicle drivers. Motor carriers are required to maintain a qualification file for each of their drivers. The following checklist will help you ensure that each driver qualification file is complete.

✓		Form/Inquiry/Note to Include	Must Retain Document For
	Ongoing Updates	**Inquiry To State Agencies for Driving Record – Annual** — 49 CFR 391.25 (a) and (c) Motor carriers must contact State agencies annually for an updated copy of each driver's MVR.	3 years from date of execution
	Ongoing Updates	**Review of Driving Record – Annual** — 49 CFR 391.25 (c) (2) At least once every 12 months, the carrier must collect a current motor vehicle record (MVR) from the State issuing a driver's license, and review the MVR to determine whether the driver still meets the minimum requirements for safe driving, and to confirm they are not disqualified pursuant to 49 CFR 391.15. A note including the name of the person who performed this review and the date must be retained in the file with the MVR.	3 years from date of execution
	Ongoing Updates	**Driver's Certification of Violations – Annual** — 49 CFR 391.27 At least once every 12 months, drivers must submit a list of all convicted violations of motor vehicle traffic laws and ordinances during the previous 12 months. Carrier must review this and compare it with the driver's annual MVR. Note: Drivers who have provided information required by 49 CFR 383.31 need not repeat information in this annual list of violations.	3 years from date of execution
	Ongoing Updates	**Medical Examination Report and Medical Examiner's Certificate** — 49 CFR 391.43 All commercial drivers are required to pass a physical exam conducted by a licensed medical examiner at least once every 24 months. The carrier must retain a copy of this certificate. For CDL drivers; the carrier must retain a copy of the CDLIS motor vehicle record, which contains the examination information.	3 years from date of execution
	Ongoing Updates	**Employer note verifying that medical examiner is listed on National Registry of Certified Medical Examiners** — Non-CDL drivers: 49 CFR 391.51(b)(9)(i)); CDL drivers: 49 CFR 391.51(b)(9)(ii)) A note must be included in the driver's qualification file to verify that the medical examiner is listed on the National Registry of Certified Medical Examiners.	3 years from date of execution
	Initial DQ File Documents	**Driver's Application for Employment** — 49 CFR 391.21 A driver must not drive a CMV unless an application for employment is completed and signed.	Life of employment + 3 years after termination
	Initial DQ File Documents	**Driver's Road Test Certificate or Equivalent*** — 49 CFR 391.31(e) A person must not drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate.	Life of employment + 3 years after termination
	Initial DQ File Documents	**Inquiry to Previous Employers: Safety Performance History Records Request** — 49 CFR 391.23(a)(1)and(b) Carriers must investigate the driver's employment record during the preceding three years. This investigation must be completed within 30 days of the date employment begins. Carrier must retain a record of the request and all response documentation.	Life of employment + 3 years after termination

✓		Form/Inquiry/Note to Include	Must Retain Document For
	Initial DQ File Documents	**Safety Performance History Records: Driver Correction or Rebuttal** (if applicable) — 49 CFR 391.23(i)(2) and 49 CFR 391.23(j)(3)) Carriers must maintain a record of both the request for a driver's safety performance history and any related documentation, for example if a driver documents that information in the history is inaccurate.	Life of employment + 3 years after termination
		Inquiry To State Agencies for 3-Year Driving Record — 49 CFR 391.23(a)(1)and(b) Carriers must contact State agencies for the driver's MVR for the past three years. Request must be made within 30 days of hire. MVR must be kept in the driver's personnel file, and updated annually. See "Review of Driving Record" entry above.	Life of employment + 3 years after termination
		Pre-Employment Drug and Alcohol Documents — 49 CFR 40.25(j); 49 CFR 382.301 Employers must ask potential employees if they have tested positive or refused to test, on any pre-employment drug or alcohol test within the past three years. If the potential employee admits to having a positive test or refused to test, that individual must not perform safety-sensitive functions until the successful completion of the return-to-duty process. Documentation demonstrating completion of return-to-duty process must be retained in the driver qualification file.	See Controlled Substances and Alcohol chapter for recordkeeping requirements.
		The following additional documents are only required for certain types of drivers, or in specific situations.	
		Entry-Level Driver Training Certificate — 49 CFR 380.509(b) All CDL drivers with less than one year experience must provide this certificate.	3 years from date of execution
		Longer Combination Vehicle (LCV) Driver Training Certificate — 49 CFR 380.401 A driver must not operate an LCV unless the driver can produce an LCV Driver Training Certificate or an LCV Driver Training Certificate of Grandfathering.	Life of employment + 3 years after termination
		Longer Combination Vehicle (LCV) Certificate of Grandfathering — 49 CFR 380.111	Life of employment + 3 years after termination
		Multiple-Employer Drivers — 49 CFR 391.63	Life of employment + 3 years after termination
		Skill Performance Evaluation Certificate — 49 CFR 391.49	3 years from date of execution

General rule

The hours of service rules apply to all motor carriers and drivers, with exceptions found in paragraphs (b) through (o) of Section 395.1.

Property-Carrying Operations:

11-hour rule - Drivers are allowed to drive for eleven hours following 10 consecutive hours off duty.

14-hour rule - A motor carrier cannot permit or require a driver to drive after the 14th hour after coming on duty following 10 consecutive hours off duty, except when complying with section 395.1(o).

16-hour Exception - A property-carrying CMV driver may extend the 14-hour on-duty period by 2 additional hours once every 7 days if they:

- Have been released from duty at their normal work reporting location for the previous 5 duty tours;
- Are released from duty at their normal work reporting location within 16 hours after coming on duty following 10 consecutive hours off duty; and
- Have not taken this exemption within the previous 6 consecutive days, except following a 34-hour restart of a 7/8-day period.

60 and 70-hour rules - A motor carrier must not permit or require a driver to drive after a total of:

- 60 hours on duty in 7 consecutive days (carrier does not operate CMVs every day of the week), **OR**
- 70 hours on duty in 8 consecutive days (carrier operates CMVs every day of the week), **AND**
- An off duty period of 34 or more consecutive hours may restart a driver's 7 or 8 consecutive day period as long as the driver has not exceeded 60 or 70-hours on duty.

Passenger-Carrying Operations:

10-hour rule - Drivers are allowed to drive for 10 hours following 8 consecutive hours off duty.

15-hour rule - A motor carrier cannot permit or require a driver to drive after 15 hours are spent on duty following 8 consecutive hours off duty.

60 and 70-hour rules - A motor carrier must not permit or require a driver to drive after a total of:

- 60 hours on duty in 7 consecutive days (carrier does not operate CMVs every day of the week), or
- 70 hours on duty in 8 consecutive days (carrier operates CMVs every day of the week).

Note: If a property or passenger-carrying driver works more than one job of any kind, that time must also be included as On Duty Time.

Driver's record of duty status:

Every driver shall prepare a record of duty status (Driver's daily log) in his/her own handwriting for each 24-hour period, unless operating under the 100 air-mile radius exemption. Failure to complete or retain the log, or knowingly falsifying logs or other reports, makes the driver and/or carrier liable to prosecution.

100 air-mile radius exemption:

A driver is exempt from maintaining the driver's daily log requirements of Section 395.8 if all of the following are true:

- The driver operates within a 100 air-mile radius of the normal work reporting location.
- The driver returns to the work reporting location and is released from work within 12 consecutive hours.
- Each 12 hours on duty are separated by at least:
  - 10 consecutive hours off duty for property-carrying drivers, or
  - 8 consecutive hours off duty for passenger-carrying drivers.
- The driver does not exceed a maximum of:
  - 11 hours driving time following 10 consecutive hours off duty for property-carrying drivers, or
  - 10 hours driving time following 8 consecutive hours off duty for passenger-carrying drivers.
- The motor carrier that employs the driver maintains and retains for a period of six months accurate and true time records that show:
  - The time the driver reports for duty each day;
  - The total number of hours the driver is on duty each day;
  - The time the driver is released from duty each day; and
  - The total time for the preceding 7 days for first-time or intermittent drivers.

Submitting/retaining duty status log:

The driver must submit the original log sheet to the employing carrier within 13 days after completion. When a motor carrier uses a driver initially or intermittently, that carrier must obtain from him/her a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which he/she was last relieved of duty. Records of duty status must be maintained, with all supporting documents, for a minimum of six months.

Automatic on-board recording devices:

Alternatively, motor carriers may require a driver to use an automatic on-board recording device to record duty status. The driver must still have in his/her possession records of duty status in automated or written form, for the previous seven consecutive days. All hard copies of the driver's records of duty status must be signed by the driver.

ALCOHOL AND DRUG ABUSE POLICY
STATEMENT OF PURPOSE AND POLICY

Drivers are an extremely valuable resource for B & M Logging, Inc. 's business. Their health and safety is a serious Company concern. Drug or alcohol use may pose a serious threat to driver health and safety. It is, therefore, the policy of the Company to prevent substance use or abuse from having an adverse effect on our drivers. The company maintains that the work environment is safer and more productive without the presence of alcohol, illegal or inappropriate drugs in the body or on company property. Furthermore, drivers have a right to work in an alcohol and drug-free environment and to work with drivers free from the effects of alcohol and drugs. Drivers who abuse alcohol or use drugs are a danger to themselves, their coworkers and the Company's assets.

The adverse impact of substance abuse by drivers has been recognized by the federal government. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which require the company to implement a controlled substance testing program. The Company will comply with these regulations and is committed to maintaining a drug-free workplace. All drivers are advised that remaining drug-free and medically qualified to drive are conditions of continued employment with the Company.

Specifically, it is the policy of the Company that the use, sale, purchase, transfer, possession or presence in one's system of any controlled substance (except medically prescribed drugs) by any driver while on company premises, engaged in company business, while operating company equipment, or while under the authority of the Company is strictly prohibited.

FMCSA states that **mandatory testing must apply** to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the CDL licensing requirement.

The execution and enforcement of this policy will follow set procedures to screen body fluids (urinalysis), conduct breath testing, and/or search all driver applicants for alcohol and drug use, and those drivers suspected of violating this policy who are involved in a US Department of Transportation (DOT) reportable accident or who are periodically or randomly elected pursuant to these procedures. These procedures are designed not only to detect violations of this policy, but to ensure fairness to each driver. Every effort will be made to maintain the dignity of drivers or driver applicants involved. **Disciplinary action will, however, be taken as necessary.**

Neither the policy nor any of its terms are intended to create a contract of employment or to contain the terms of any contract of employment. The Company retains the sole right to change, amend or modify any term or provision of this policy without notice. This policy is effective_____, and will supersede all prior policies and statements relating to alcohol or drugs.

ADMINISTRATION GUIDE TO
PERSONNEL
ALCOHOL AND DRUG TESTING PROCEDURES

I. PURPOSE

The purpose of this administrative guide is to set forth the procedures for the implementation of controlled substances and alcohol use and testing of driver applicants and current drivers pursuant to the Alcohol and Drug Abuse Policy. These procedures are intended as a guide only, and are in no way intended to alter any existing relationship between (Company) and any driver.

B & M's alcohol and drug program administrator designated to monitor, facilitate, and answer questions pertaining to these procedures is Darla Hood.

II. DEFINITIONS

When interpreting or implementing these procedures, or the procedures required by he Federal Motor Carrier Safety Administration (FMCSA) controlled substance testing regulations the following definitions apply:

"Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

"Alcohol concentration (or content)" means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this part.

"Collection site" means a place where individuals present themselves for the purpose of providing breath, body fluid, or tissue samples to be analyzed for specified controlled substances. This site must possess all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage and transportation or shipment of the samples to a laboratory.

"Commercial motor vehicle" means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. Has a gross combination weight rating of 26,001 or more pounds; or
2. Has a gross vehicle weight rating of 26,001 or more pounds; or
3. Is designed to transport 16 or more passengers, including the driver; or
4. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR, Part 172, 1308).

"Driver" means any person who operates a commercial motor vehicle. This includes, but is not limited to: Full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer. For the purpose of pre-employment/pre-duty testing only, the term "driver" includes a person applying to an employer to drive a commercial motor vehicle.

"Drug" means any substance (other than alcohol) that is a controlled substance as defined in the section and 49 CFR, Part 40.

"FMCSA" means the Federal Motor Carrier Safety Administration; US Department of Transportation.

"Owner-operator(s)" means a driver(s) who has been contracted for services with the Company. For the purposes of these procedures and the Company's Alcohol and Drug Abuse Policy, owner-operators are not to be considered employees, but will be required to participate in the Company's Alcohol and Drug Abuse Policy like all Company employee drivers.

"Medical review officer" (MRO) means a licensed MD or DO with knowledge of drug abuse disorders that is employed or used by a motor carrier to conduct drug testing in accordance with this part.

"Performing a safety-sensitive function" means a driver is considered to be performing a safety-sensitive function during any period in which he/she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

"Random selection process" means that alcohol and drug tests are unannounced; that every driver of a motor carrier subject to test-tests conducted annually shall equal or exceed twenty-five percent (25%) for alcohol tests and fifty percent (505) for drug test of the total number of drivers subject to testing of a motor carrier.

"Reasonable cause" means that the motor carrier believes the actions or appearance or conduct of a commercial motor vehicle driver who is on duty as defined below, are indicative of the use of a controlled substance.

"Safety-sensitive function" means any of those on-duty functions set forth in CFR 49, Section 395.2.

"On duty time" means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. "On duty time" shall include:

1. All time at a carrier or shipper plant, terminal, or facility, or other property, or on any public property waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;

2. All time inspecting, servicing, or conditioning any commercial motor vehicle at any time;

3. All driving time;

4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth;

5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.

6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

III. SUBSTANCES PROHIBITED/PRESCRIPTION MEDICATIONS

A. **Alcohol use** means the consumption of any beverage, mixture, or preparation, including any medication containing alcohol which, when consumed, causes an alcohol concentration in excess of those prescribed by Part 382, Subpart B, (FMCSR) and Section IV of this policy.

B. **Controlled substances:** In accordance with FMCSA rules, urinalysis will be conducted to detect the presence of the following substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine (PCP)

Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMCSA in accordance with the recommendations established by the 49 CFR, Part 40.

C. **Prescription medications:** Drivers taking legally prescribed medications issued by a licensed health care professional familiar with the driver's work-related responsibilities must report such use to their immediate supervisor or dispatcher, and may be required to present written evidence from the health care professional which describes the effects such medications may have on the driver's ability to perform his/her tasks.

In the sole discretion of the alcohol and drug program administrator, a driver may be temporarily removed, with pay, from a safety-sensitive position if deemed appropriate.

IV. PROHIBITIONS

A. Alcohol Prohibitions

The new alcohol rule prohibits any alcohol misuse that could affect performance of a safety-sensitive function, including:

1. Use while performing safety-sensitive functions.
2. Use during the 4 hours before performing safety-sensitive functions.
3. Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater.
4. Possession of alcohol, unless the alcohol is manifested and transported as part of a shipment. This includes the possession of medicines containing alcohol (prescription or over-the-counter), unless the packaging seal is unbroken.
5. Use during 8 hours following an accident, or until he/she undergoes a post accident test.
6. Refusal to take a required test.

NOTE: A driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours. The other consequences imposed by the regulations and discussed below do not apply. However, documentation of this test constitutes written warning that company policy has been violated, and the next occurrence could result in disqualification of a driver.

B. Drug Prohibitions

The regulations prohibit any drug use that could affect performance of safety-sensitive functions, including:

1. Use of any drug, except by doctor's prescription, and the only if the doctor has advised the driver that the drug will not adversely affect the driver's ability to safely operate the CMV;
2. Testing positive for drugs; and
3. Refusing to take a required test.

All drivers will inform the alcohol and drug program administrator of any therapeutic drug use prior to performing a safety-sensitive function.

V. DRIVER APPLICANT AND CURRENT DRIVER TESTING

A. Applicant Testing: All driver applicants will be required to submit to and pass a breath alcohol test and a urine drug test as a condition of employment. Job applicants who are denied employment because of a positive test may reapply for employment after 6 months.

Offers of employment are made contingent upon passing the Company's medical review, including the alcohol and drug test. Driver applicants who have received firm employment offers are to be cautioned against giving notice at their current place of employment, or incurring any costs associated with accepting employment with the Company until after medical clearance has been received. All newly hired drivers shall be on probationary status for 30 days, continent upon medical clearance for illicit controlled substance or alcohol usage, as well as other conditions explained in the personnel policies. Under no circumstances may a driver perform a safety-sensitive function until a confirmed negative result is received.

Driver applicant drug testing shall follow the collection, chain-of-custody and reporting procedures as set forth in 49 CFR, Part 40.

B. Owner-Operators: Owner-operators engaged by the Company are not employees of the Company, nor are they to be considered as such under this Policy. However, every owner-operator engaged to provide services to the Company must agree to, and successfully participate in the Company's alcohol and drug testing program. All owner-operator agreements will be entered into by he the Company contingent upon the operators' successful completion of urinalysis and breath analysis under all phases of the Company's program, and are contingent upon the owner-operator's continued status as a medically qualified driver.

The term "driver" as used in these procedures includes owner-operators.

C. Employee Drivers: Under all circumstances, when a driver is directed to provide either a breath test or urine sample (Appendix C) in accordance with these procedures, he/she must immediately comply as instructed. Refusal will constitute a positive result, and the driver will be immediately removed from the safety-sensitive function, and will be subject to further discipline or termination as appropriate.

1. Suspicion-based Testing:

a. Reasonable Suspicion: If a driver is having work performance problems or displaying behavior that may be alcohol or drug-related, or is otherwise demonstrating conduct that may be in violation of the Policy where immediate management action is necessary, a supervisor or dispatcher, with the concurrence of the alcohol and drug program administrator, will require that derive to submit to a breath test or urinalysis. The following conditions are signs of possible alcohol or drug use (not all-inclusive):

- Abnormally dilated or constricted pupils
- Glazed stare - redness of eyes
- Flushed ace
- Change of speech (i.e. faster or slower)
- Constant sniffing
- Increased absences
- Redness under nose
- Sudden weight loss
- Needle marks
- Change in personality (i.e. paranoia)
- Increased appetite for sweets
- Forgetfulness - performance faltering - poor concentration
- Borrowing money from coworkers or seeking an advance of pay or other unusual display of need for money
- Constant fatigue or hyperactivity
- Smell of alcohol
- Slurred speech
- Difficulty walking
- Excessive, unexplained absences
- Dulled mental processes
- Slowed reaction rate

b, **Supervisors or dispatchers must take action** if they have reason to believe one or more of the above-listed conditions is indicated, and that the substance abuse is affecting a driver's job performance or behavior in any manner. A supervisor or dispatcher observing such conditions will take the following actions immediately:

- Confront the employee involved, and keep under direct observation until the situation is resolved.
- Secure the alcohol and drug program administrator's concurrence to observations; job performance and company policy violations must be specific.

- After discussing the circumstances with the supervisor or dispatcher, the alcohol and drug program administrator will arrange to observe or talk with the driver. If he/she believes, after observing or talking to the driver, that the conduct or performance problem could be due to substance abuse, the driver will be immediately informed that continued refusal will result in disqualification from performing any safety-sensitive function.

- Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from driving duties. All confiscated evidence will be receipted for with signatures or both the receiving supervisor, as well as the provider.

- If upon confrontation by the supervisor or dispatcher, the driver admits to use but requests assistance, the alcohol and drug program administrator will arrange for assessment by an appropriate substance abuse professional (SAP). Reassignment to the driver position is conditional to completing the SAP's guidelines and return-to-work testing.

Drafter's Note: Disqualification may be replaced with termination as a company policy if verified by an attorney.

c. The supervisor or dispatcher shall, within 24 hours or before the results of the controlled substance test are released, document the particular facts related to the behavior or performance problems, and present such documentation to the alcohol and drug program administrator.

d. The drug and alcohol program administrator will remove or cause the removal of the driver from the Company-owned vehicle and ensure that the driver is transported o an appropriate collection site an thereafter to the driver's residence or, where appropriate, to a place of lodging. Under no circumstances will that driver be allowed to continue to drive a Company vehicle or his/her own vehicle until a confirmed negative test result is received.

e. if, during the course of employment, the driver acknowledges a substance abuse problem and requests assistance; the problem may be treated as if it were an illness, subject to the provisions set forth below:

- The decision to seek diagnosis and accept treatment for the substance abuse problem is the responsibility of the driver;

- The diagnosis and prescribed treatment of the driver's condition will be determined by health care professionals designated by the alcohol and drug program administrator in conjunction with the driver's physician; and

- The driver might be placed on medical leave for a predetermined period recommended by those medical professionals if the SAP determines that such action is appropriate.

2. Post-Accident Testing: Currently, federal regulations place the burden of compliance with post-accident alcohol and drug testing regulations on the driver. Therefore, all drivers are required to provide a breath test and a urine specimen to be tested for the use of controlled substances "as soon as practicable" after an accident. The driver shall remain readily available for such testing or may be deemed by the alcohol and drug program administrator to have refused to submit to testing. No alcohol may be consumed for 8 hours after the accident or until a test is conducted. If the driver is seriously injured and cannot provide a specimen at the time of the accident, he/she shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any controlled substances in his/her system.

An accident is defined by FMCSA regulations as an accident which results in the death of a human being or bodily injury to a person who, as a result of the injury, immediately receives medical

treatment away from the scene of the accident; or which has had one of the vehicles towed from the scene of the accident. Except for a fatality accident, verification of the driver's responsibility in the above accident must be established by a citation to the driver.

Drivers will be provided with collection kits to be carried in their vehicles at all times. A list of nationally available collection sites will be provided through the Company dispatchers, including pertinent instructions and procedures prior to the driver operating a commercial motor vehicle.

Adherence by drivers to post-accident specimen collection requirements is a condition of continued employment. The failure of an owner-operator to comply with DOT post-accident and specimen collection rules will be considered a breach of his/her contract with the Company, and the contract is invalid until appropriate substance abuse professional counseling has been completed.

3. Random Testing: The Company will conduct random testing for all covered drivers as follows:

   a. A company-wide selection process which removes discretion in selection from any supervisory personnel will be adopted by the Company. This process will select covered drivers through the use of a computerized program.

   b. The random testing, once begun, will provide for alcohol testing of at last 25% and for drug testing of at least 50% of all covered drivers.

   c. The random testing will be reasonably spaced over any 12 month period.

   d. Once notified, a driver must proceed immediately to the assigned collection site.

4. The alcohol and drug program administrator will be responsible for designating the appropriate substance abuse professional who, in conjunction with the driver's physician, will diagnose the problem and recommend treatment.

   a. The driver's successful completion of the approved treatment program is a condition of continued employment as a driver.

   b. Following successful completion of any approved treatment program, the driver will be required to submit to at least six random drug tests during the first year, and follow-up testing may be conducted for up to 60 months. Failure to adhere to this condition is grounds for immediate termination.

   c. All supervisors or dispatchers will receive training to assist them in identifying alcohol and drug se behavioral characteristics.

5. Return-to-Duty Testing: Before a driver returns to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by this policy and Part 382, Subpart B (FMCSR), the driver shall undergo a return to duty alcohol test with a result of less than a 0.02 BAC or receive a confirmed negative result from a controlled substance urinalysis test.

VI. COLLECTION OF BREATH AND URINE SPECIMENS AND LABORATORY ANALYSIS

A. Breath alcohol testing will be conducted either on site or at a prearranged location by a qualified Breath Alcohol Technician according to 49 CFR, Part 40 procedures. Refusal to complete and sign the testing form or refusal to provide breath will be considered a positive test, and the driver will be removed from a safety-sensitive function until resolved.

B. Specimen Collection: Specimen collection will be conducted in accordance with applicable state and federal law. The collection procedures will be designed to ensure the security and integrity of the specimen provided by each driver, and those procedures will strictly follow federal chain-of-custody guidelines. Moreover, every reasonable effort will be made to maintain the dignity of each driver submitting a specimen for analysis in accordance with these procedures.

C. Laboratory Analysis: As required by FMCSA regulations, only a laboratory certified by Department of Health and Human Services (DHHS) to perform urinalysis for the detection of the presence of controlled substances will be retained by the Company. The laboratory will be required to maintain strict compliance with federally approved chain-of-custody procedures, quality control, maintenance and scientific analytical methodologies.

VII. CONSEQUENCES: APPEAL OF TEST RESULTS

A. Alcohol and drug abuse may not only threaten the safety and productivity of all employees at B&M Logging but causes serious individual health consequences to those who use them. Attachment #1 outlines several personal consequences which may result after abuse of controlled substances. Any confirmed actions prohibited by Part IV above, while performing a safety-sensitive function or refusing to take a breath test, will be grounds for disqualification as a driver.

B. A driver testing positive for alcohol or drug use is subject to disqualification. Refusal to submit to testing will also be considered a positive.

Refusal may be defined as not providing a breath sample or urine as directed, neglecting to sign appropriate control forms, using alcohol within 8 hours of an accident, or engaging in conduct that clearly obstructs the testing process.

Any driver testing positive for the presence of a controlled substance will be contacted by the Company's MRO. The driver will be allowed to explain and present medical documentation to explain any permissible use of a drug. All such discussions between the driver and the MRO will be confidential. The Company will not be a party to, or have access to, matters discussed between the driver and the MRO. If medically supportable reasons exist to explain the positive result, the MRO will report the test result to the Company as a negative.

Within 72 hours after the driver has been notified of a positive test result for drugs, he/she may request a retest of the split sample. This signed request will be provided to the MRO in writing, who will then initiate the new laboratory analysis. If a different result is detected by the subsequent laboratory, the test will be voided by the MRO, and the company alcohol and drug program administrator will be notified. A retest may be initiated as appropriate.

VII. CONFIDENTIALITY

Under no circumstances, unless required or authorized by law, will alcohol or drug testing information or results for any employee or applicant be released without written request from the applicable employee.

Drivers are entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substance test.

Drafter's Note: A company may wish to state a time frame for copies to prevent a possible administrative burden. Review should be immediate.

Collection of breath and urine samples must always be documented and sealed with a tamper-proof sealing system in the presence of the river, t ensure that all tests can be correctly traced to the driver.

Drug test analysis rom the DHHS approved laboratory will be forwarded directly to the Medical Review Officer assigned by the alcohol and drug program administrator.

Alcohol test results will be forwarded by the MRO to the alcohol and rug program administrator for confidential recordkeeping.

APPENDIX A

ALCOHOL AND DRUG EFFECTS

Section 382.601(b)(11) FMCSR mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual's health, work, and personal life.

This attachment is intended to help individuals understand the personal consequences of substance abuse.

ALCOHOL

Although used routinely as beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. These physical or mental alteration in a driver may have serious personal and public safety risks.

Health Effects

An average of three or more servings per day of beer (12 ounces), whiskey (1 ounce), or wine (6 ounces) over time, may result in the following health hazards:

- Dependency
- Fatal liver diseases
- Kidney failure
- Pancreatitis
- Ulcers
- Decreased sexual function
- Increased cancers of the mouth, pharynx, esophagus, rectum, breast, and malignant melanoma
- Spontaneous abortion and neonatal mortality
- Birth defects

Social Issues

- 2/3 of all homicides are committed by people who drink prior to the crime.
- 2 - 3% of the driving population are legally drunk at any one time. This rate doubles at night and on weekends.
- 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- 40% of family court cases are alcohol-related.
- Alcoholics are 15 times more likely to commit suicide.
- More that 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are accident-related.
- Over 17,000 fatalities occurred in 1993 in highway accidents, which were alcohol-related. This was 43% of all highway fatalities.
- 30,000 people will die each year from alcohol-caused liver disease.
- 10,000 people will die each year due to alcohol-related brain disease or suicide.
- Up to 125,000 people die each year due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150 pounds) to process on serving of alcohol from the body.
- Impairment can be measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident that a sober person.

ALCOHOL'S TRIP THROUGH THE BODY

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

Stomach and Intestines: Alcohol has an irritating effect on the stomach's's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

Bloodstream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reduction red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

Heart: Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys: Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

Sex Gland: Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

Brain: The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive incoordination: confusion, disorientation, stupor, anesthesia, coma, death. Alcohol kills brain cells and brain damage is permanent Drinking over a period of time causes loss of memory, judgment and learning ability.

DRUGS

Marijuana

Health Effects

- Emphysema-like conditions.
- One joint of marijuana contains cancer-causing substances equal to 1/2 pack of cigarettes.
- One joint causes the heart to race and be overworked. People with heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus Aspergillus which can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response, making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinot (THC) and 60 other chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. As a result, the sperm count is reduced, leading to temporary sterility.
- Chronic smoking of marijuana in females causes a decrease in fertility.

- **** A higher than normal incidence of stillborn babies, early termination of pregnancy, and higher infant mortality ate during the first few days of life are common in pregnant marijuana smokers.
- **** THC causes birth defects including brain damage, spinal cord, forelimbs, liver and water on the brain and spine in test animals.
- **** Prenatal exposure may cause underweight newborn babies.
- **** Fetal exposure may decrease visual functioning.
- **** User's mental function can display the following effects:
  - delayed decision making
  - diminished concentration
  - impaired short-term memory
  - impaired signal detection
  - impaired tracking
  - erratic cognitive function
  - distortion of time estimation

Workplace Issues

- **** THC is stored in body fat and slowly released.
- **** Marijuana smoking has long-term effects on performance.
- **** Increased THC potency in modern marijuana dramatically compounds the side effects.
- **** Combining alcohol or other depressant drugs with marijuana increases the impairing effects of both.

Cocaine

Used medically as a local anesthetic. When abused, it becomes a powerful physical and mental stimulant. The entire nervous system is energized. Muscles tense, heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Health Effects

- **** Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process b causing damage to critical nerve cells. Parkinson's disease could also occur.
- **** Cocaine causes the heart to beat faster, harder, and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- **** Strong dependence can occur with one "hit" or cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- **** Treatment success rates are lower than with any other chemical dependency.
- **** Extremely dangerous when taken with other depressant drugs. Death due o overdose is rapid. Fatal effects are usually not reversible by medical intervention.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

Opiates

Narcotic drugs which alleviate pain and depress body functions and reactions.

Health Effects

- IV needle users have a high risk of contracting hepatitis or AID when sharing needle.
- Increased pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk for overdose.
- Because of tolerance, there is an ever increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the users.

Amphetamines

Central nervous system stimulant that speeds up the mind and body.

Health Effects

- Regular use causes strong psychological dependency and increased tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attach or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

Workplace Issues

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes impairment.

Phencyclidine (PCP)

Often used as a large animal tranquilizer. Abused primarily for its mood altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and a blank stare. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treated with Thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

Workplace Issues

- Not common in workplace primarily because of the severe disorientation that occurs.

- There are four phases to PCP abuse:
  - Acute toxicity causing combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distorted perception are common.
  - Toxic psychosis with visual and auditory delusions, paranoia and agitation.
  - Drug induced schizophrenia.
  - Induced depression which may create suicidal tendencies and mental dysfunction.

APPENDIX B

DRIVER NOTIFICATION LETTER

I certify that I have received a copy of, and have read the above B&M Logging policy on alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a program with alcohol or drug abuse during my employment with B&M Logging, I will seek assistance through the current alcohol and drug testing program administrator.

Signature _____ Date _____

B&M Logging Inc.
281 Hamilton Rd. N
Chehalis, WA 98532

Louie Marx, certified brake inspector and truck supervisor at B&M Logging Inc. has trained _____, truck driver for B&M Logging to inspect and adjust brakes on said company vehicle as needed.

_____
Louie Marx

_____
Date

Alcohol And Drug Employee's Certified Receipt

_____
Employee's Name

_____
Company/Department

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (P) items:

_____ 1. The designated person to answer questions about the materials.

_____ 2. The categories of drivers subject to Part 382.

_____ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.

_____ 4. Specific information concerning prohibited driver conduct.

_____ 5. Circumstances under which a driver will be tested.

_____ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.

_____ 7. The requirement that tests are administered in accordance with Part 382.

_____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.

_____ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart 0 procedures.

_____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.

_____ 11. Information on the affects of alcohol and controlled substances use on:

-an individuals health
-work
-personal life
-signs and symptoms of a problem
-available methods of intervening when a problem is suspected

_____ 12. Optional information:

_____

_____

_____

_____

_____ _____
Employee's Signature Date

_____ _____
Authorized Employer Representative Date

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872-FS-C2 6793

Alcohol and/or Drug Test Notification

As required under FMCSR 382.113 Requirement for Notice: Before performing each alcohol or controlled substance test under this part, each employer shall notify a driver that the alcohol or controlled substance test is required by this part. No employer shall falsely represent that a test is administered under this part.

Notice is hereby given for the following tests in compliance to part 382.113 of the Federal Motor Carrier Safety Regulations.

Company Name: B&M Logging Inc.

Driver/Applicant Name: _____

(Print) (First, M.I., Last)

Test Date: _____

Test Location: _____

Time of Appointment: _____

Testing Category Type: ☐ Alcohol ☐ Controlled Substance

For: ☐ Pre-Employment ☐ Random ☐ Reasonable suspicion/cause

☐ Post-Accident ☐ Return to Duty ☐ Follow-up

Instructions for Testing or additional comments:

I hereby acknowledge, as a requirement for employment with this company the above test/s are mandatory to remain in compliance with FMCSR's

Driver/Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Place in Employee's Confidential File

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: _____ FIRST NAME: _____ MI: ____ (MAIDEN NAME IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) _____ (CELL) _____ SPE TESTING SITE STATE: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

_____ Pre-trip inspection (As required by Sec. 392.7)

_____ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)

_____ Placing the equipment in operation

_____ Use of the vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles.

_____ Turning the vehicle

_____ Braking, and slowing the vehicle by means other than braking

_____ Backing, and parking the vehicle.

_____ Other, Explain

_____

_____

Type of equipment used in giving test: _____

_____

Date: _____ (DD/MM/YYYY) EXAMINER'S NAME (PRINT) _____

EXAMINER'S NAME (SIGNATURE) _____

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

CERTIFICATION OF ROAD TEST

DRIVERS LAST NAME: _____ FIRST NAME: _____ MI: ____

(MAIDEN NAME IF APPLICABLE): _____

Social Security Number _____

Operator's or Chauffeur's License Number: _____

State of Issuance: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If Passenger carrier, type of Bus: _____

This is to certify that the above-named driver completed a road test under my supervision on_____(DD/MM/YYYY) consisting of approximately: _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): _____

Examiner's Name (Signature): _____

Title: _____

State Test Site: _____

Organization and Address of Examiner: _____

_____

RECORD OF ROAD TEST

Name: _____ **Address:** _____

License #: _____ **State:** _____ **Equip Driven:** _____

Checked From: _____ **To:** _____ **Date:** _____

Check only those items on which the driver's performance is UNSATISFACTORY.

PRE-TRIP INSPECTION

- o Checks general condition approaching unit
- o Looks for leakage of coolants, fuel, lubricants
- o Checks under hood- Oil, Water, General Condition of engine compartment, steering
- o Checks around unit – Tires, Lights, Trailer hookup, brake and light lines, body, doors, horn, windshield wipers
- o Test brake action, tractor protection valve and parking (hand) brake
- o Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguishers, spare fuses and 4-way flashers
- o Checks instruments
- o Cleans windshield, windows, mirrors, lights, reflectors

Placing Vehicle in Motion and Use of Controls

A. Motor

- o Starts motor without difficulty
- o Allows proper warm-up
- o Understands gauges on instrument panel
- o Maintains proper engine speed while driving
- o Basic Knowledge of motors- Diesel
- o Does not abuse motor

B. CLUTCH AND TRANSMISSON

- o Starts loaded unit smoothly
- o Uses clutch properly
- o Times gearshift properly
- o Shifts gears smoothly
- o Uses proper gear sequence

C. BRAKES

- o Understands operating principles of air brakes
- o Knows proper use of tractor protection valve
- o Understands low air warning
- o Tests brakes before starting trip

D. STEERING

- o Controls steering wheel
- o Good driving posture and good grip on wheel

E. LIGHTS

- o Knows lighting regulations
- o Uses proper headlight beam
- o Dims lights when meeting or following other traffic
- o Adjusts speed to range of headlights
- o Proper use of auxiliary lights

Coupling and Uncoupling

- o Lines of Unit
- o Hooks brake and light lines properly
- o Secures Trailer against movement
- o Backs under slowly
- o Tests hookup with Power
- o Checks hookup visually
- o Handles landing gear properly
- o Proper hook-up of full trailer
- o Secures power unit against movement

Backing and Parking

A. Backing

- o Gets out and checks before backing
- o Looks back as well as uses mirror
- o Gets out and rechecks conditions on long back
- o Avoids backing blind side
- o Signals when backing
- o Controls speed and direction properly while backing

B. Parking (City)

- o Does not hit nearby vehicles or stationary objects
- o Parks proper distance from curb
- o Sets parking brake, puts in gear, chocks wheels, shuts off motor
- o Checks traffic conditions and signals when pulling out from parked position
- o Parks in legal or safe location

C. Parking (Road)

- o Parks off pavement
- o Avoids parking on soft shoulder
- o Uses emergency warning signals when required
- o Secures unit properly

Slowing and Stopping

- o Uses gears properly ascending
- o Gears down properly descending
- o Stops and starts without rolling back
- o Tests brakes properly on grades
- o Uses mirrors to check traffic to rear
- o Signals following traffic
- o Avoids sudden stops
- o Stops smoothly without excessive fanning
- o Stops before crossing sidewalks when coming out of driveway, clear of pedestrian crosswalks

Log Truck Driver Training

Driver's Name: _____

Trainer's Name: _____

I have received and understand the information listed below:

Driver's signature: _____ **Date:** _____

After the information has been explained, place a mark in each box below.

☐ Required personal protective equipment:
- High visibility hard hat
- Highly visible yellow or orange vests, or other similarly colored garments when outside the cab in the vicinity of the landing or loading area
- Appropriate footwear that provides ankle support.
- Gloves when handling wrappers and rough materials

☐ Slips and falls are a significant hazard. To reduce the hazard:
- Ensure that access steps and handholds are good condition.
- Keep hands free when you are getting in or out of the vehicle.
- Always face the vehicle and maintain three points of contact. The three-point system means three of your four limbs are in contact with the vehicle at all times (2 hands and one foot or 1 hand and 2 feet).

☐ Don't jump from the vehicle. Jumping from just 3 feet can generate impact forces as high as 1400 pounds which could cause ankle or foot fractures, knee damage or other injuries.

☐ Operate the truck in a safe manner.
- Wear the seat belt.
- Follow highway regulations, and travel at a safe speed for existing conditions.
- Inattention/distracted driving are leading causes of accidents. Stay alert and focused on your driving!
- On logging roads, expect to meet oncoming traffic at every blind corner, and DO NOT rely on the CB radio.
  - You must able to stop your vehicle in one-half the visible distance
  - You should drive with your headlights on at all times.

☐ Practice defensive driving at all times. Defensive driving includes:
- Recognizing the hazard by scanning ahead, to the side and behind your vehicle.
- Understanding the defense. For example, you may need to slow down and/or increase following distance.
- Acting correctly, in time to avoid an accident.

☐ Do a daily inspection of your truck to ensure it is in safe operating condition. If any defects are an immediate safety concern, get them repaired before operating.
- Check the condition of the brakes and adjust them regularly to ensure they are functioning properly.

☐ The area behind the cab guard is considered a hazardous area.

- Do not enter the hazardous area until you have signaled the loader operator; and the operator has acknowledged it is safe to enter the hazardous area and you have checked the load for unstable logs.
- After leaving the hazardous area and you are positioned "in the clear", again signal the operator.

☐ Never stand on the chain deck or brand/paint logs while the truck is being loaded.

☐ Bunk and wing logs must extend at least twelve inches beyond the front and rear bunks or stakes. On vehicles or trailers equipped with fixed bunks, logs must extend at least six inches beyond the front and rear bunk or stake.

☐ Each log not contained within the stakes must be secured with at least two wrappers before the truck leaves the vicinity of the landing/loading area. All of the required wrappers must be placed on the load within site of the landing/loading area so immediate emergency assistance can be given if necessary.

☐ Do not attempt to wrap up the truck load (mule trains /super trains) while the trailer you are towing is being loaded. Log(s) could be dislodged and roll off the load.

☐ The load must be restrained before wrappers are removed from the load.

- Follow the safe unloading procedures established at the unloading site.

☐ Stay off the load. Caulks are required for walking on logs.

☐ A warning must be given before throwing wrappers over the load.

☐ Ensure good footing while throwing wrappers over the load.

☐ The front and rear wrappers must be placed within 6 feet of the front and rear bunks.

☐ Logs loaded on the top or in outside saddles of a load must be secured by at least two wrappers.

☐ All wrappers and binders must be fastened in place prior to tightening to prevent the displacement of logs on top of the load.

☐ Wrappers must be removed from service if they have excessively worn links, deformed or stretched chain links, cracked chain links, or frayed, stranded, knotted or otherwise defective wire rope.

☐ Defective binders must be immediately removed from service.

☐ While on the landing, watch for moving equipment, rigging and incoming turns.

☐ Once out of the truck, do not approach a machine's working circle until the operator has acknowledged that it is safe to do so.

☐ Check and tighten wrappers/binders whenever there is reason to believe the wrappers/binders have loosened or the load has shifted.

☐ Install flag(s) or lights on the rear of the load when required.

☐ When loading your trailer: do not exceed the rated capacity of the trailer loader, stay out from under suspended trailer, and keep your hands in the clear when connecting the hook to your trailer strap. Follow all log yard rules.

☐ Before any employee begins maintenance or servicing of equipment where the unexpected energizing, start-up, or release of stored energy could cause injury, the equipment will be shut down, isolated from all potentially hazardous energy and locked or tagged out. **SEE LOCKOUT/TAGOUT PRORAM.**

☐ The following principles should be followed when lifting: squat down, don't bend or twist, keep the feet in a wide base of support, keep the object as close to the body as possible, keep the back in its normal curve and lift with the legs, remember to lower objects in the same way.

☐ Chain shot general information.

- Chain shot is the high velocity separation and ejection of a piece or pieces of cutting chain from the end of a broken chain in mechanized timber harvesting/processing. Chain shot exposes both machine operators and bystanders to a risk of serious injury or death. Chain shot typically occurs near the drive end of the cutting system but can also come from the bar tip area.
- A chain shot consists of two breaks in a chain. First, the loop of chain breaks and forms two ends. One end moves past the drive sprocket or bar nose and is rapidly accelerated due to a whip-like motion of the chain end. The "whip action" causes the second break releasing small parts at extremely high speed.
- The "shot cone zone" is the area along the plane of the guide bar where pieces of a broken chain usually travel unless pieces are deflected. The SCZ angles out approximately a 15 degree angle on both sides of the guide bar and a distance that possibly exceeds 230 feet.
- Employees should stay clear of the shot cone zone.

Acknowledgement of Receipt of Employee Handbook

I have received the current B&M Logging employee handbook and have read and understand the material covered. I have had the opportunity to ask questions about the policies in this handbook, and I understand that any future questions that I may have about the handbook or its contents will be answered by the Office Manager or his or her designated representative upon request. I agree to and will comply with the polices, procedures and other guidelines set forth in the handbook. I understand that the company reserves the right to change, modify, or abolish any or all policies, benefits, rules and regulations contained or described in the handbook as it deems appropriate at any time, with or with out notice. I acknowledge that neither the handbook nor its contents are an express or implied contact regarding employment.

I further understand that all employees of the company, regardless of their classification or position, are employed on an at-will basis, and their employment is terminable at the will of the employee or the company at any time, with or without cause and with or without notice. I have also been informed and understand that no officer, agent, representative, or employee of the company has any authority to enter into any agreement with any applicant for employment or employee for an employment arrangement or relationship other than on an at-will basis and nothing contained in the policies, procedures, handbooks, or any other documents of the company shall in any way create and express or implied contract of employee or an employment relationship other than one on an at-will basis.

This handbook is property of B&M Logging Inc. and must be returned upon separation.

_____ _____

Employee Signature Date

_____

Employee Name (Printed)

***Note: In the event you are hired, please be sure and pickup a B&M Employee Handbook!**