



**ACKNOWLEDGMENT OF REVIEW OF THE DRUG
AND ALCOHOL TESTING POLICY**

I acknowledge that I have reviewed the Company's Drug and Alcohol Testing Policy and understand its contents. I understand that I have access to review this policy on the Company's website at any time. I also understand that the Company may modify or rescind any policy at any time without prior notice.

I acknowledge that Employees of the Company and applicants for employment with the Company are subject to drug and alcohol testing as a condition of employment and continued employment. Drug and alcohol testing may be administered whenever the Company determines that such testing is appropriate, although such testing will most commonly be administered in the following circumstances:

1. **Pre-Employment Testing.** Applicants for employment are subject to drug and alcohol testing in connection with their application process.
2. **Post-Accident Testing.** All employees of the Company are subject to drug and alcohol testing whenever they have been involved in a work-related accident or incident that resulted in personal injury or property damage. Any employee who fails to report such an accident or incident immediately to the Company will be subject to disciplinary action, up to and including immediate termination of employment.
3. **Reasonable Suspicion Testing.** All employees of the Company are subject to drug and alcohol testing whenever reasonable suspicion exists.
4. **Random Testing.** All employees of the Company are subject to random testing. Details of the random selection process, such as the frequency of such testing, the method by which names are chosen, and the number of employees to be tested, shall be determined by the Company.

I acknowledge that I have been instructed to read the Drug and Alcohol Policy and that I am expected to comply with this policy as a condition of employment.

I acknowledge that the Drug and Alcohol Policy does not alter my status as an "at will" employee.

Employee Signature

Employee Name (PRINT)

Date

After completing this form a copy must be sent directly to hr@missionyogurt.com