

DRUG TEST CONSENT

I, _____, employed by D & M,
Printed Name and Title
Inc., give my consent for post-offer drug screening and Drug/Alcohol testing at the company's expense. I understand that this consent will be in effect for the duration of my employment with D & M, Inc.

Each employee of D & M will be provided the Substance Screening Policy contained in the Employee Handbook, which is reviewed and revised as necessary.

I have read, reviewed and received a copy of the Substance Screening Policy and have had the opportunity to have any questions answered.

Employee Signature

Date

Supervisor Signature

Date