



Drug & Alcohol Policy

We agree with that goal and believe that **CAPITAL SHIELD SECURITY LTD** has responsibility to its employees and those who use or come in contact with its products/services, to ensure a safe and productive work environment. To satisfy these responsibilities, it is the policy of CAPITAL SHIELD SECURITY LTD and a condition of employment that an employee be present and able to perform their job free from the effects of alcohol, narcotics, depressants, stimulants, hallucinogens and cannabis or any other substances, which can impair job performance.

Our Commitment

We recognize that drug and alcohol abuse may be a sign of chemical dependency and that substance abuse can be successfully treated with professional help.

CAPITAL SHIELD SECURITY LTD Provides an Employee Assistance Program (EAP) for employees to deal with substance abuse and other personal problems that can affect work performance. Our commitment is to help employees remain productive members of our team. In certain circumstances, CAPITAL SHIELD SECURITY LTD may insist upon a mandatory referral to our EAP as a condition of continued employment. No employee will be disciplined or discriminated against simply for seeking help.

Employee Responsibility

The employee is responsible for following all of our work and safety rules, and for observing the standards of behavior and employer, co-workers, and customers have the right to expect from you. In addition, if you believe you may have a problem with drugs or alcohol, you are responsible for seeking assistance, whether from or through CAPITAL SHIELD SECURITY LTD or any other resource, before a drug or alcohol problem adversely affects your work performance or results in a violation of this policy. The time to seek help is BEFORE you are in "trouble", NOT AFTER. If a professional assessment is made that you have a problem with Drugs or Alcohol, your continued employment may be conditioned upon:

- Entering into and completing a treatment program approved by CAPITAL SHIELD SECURITY LTD.
- Signing and living up to a last chance performance agreement.
- Undergoing a Follow-up Testing Program at companies' discretion.

Scope of Our Policy

This Policy and each of its rules apply whenever an employee is on or in Company Property, surrounding grounds and parking lots, leased or rented space. Company time (including breaks and meal periods), in any vehicle used on Company business, and in other circumstances (such as on customer premises or at business/sales functions) we



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believe may adversely affect our operations, safety, reputation or the administration of this policy.

Our Drug and Alcohol Rules

The following rules are extremely important and an employee who violates any one of them will be subject to disciplinary action, up to and including termination.

1. Alcohol An employee may not possess, use, transfer, offer, or be under the influence of any intoxicating liquor while at work or on company business. This rule prohibits using any alcohol prior to reporting to work, during breaks or meal periods, or in conjunction with any Company activity, except social or business events where a Corporate Officer has authorized the moderate consumption of Alcoholic Beverages.
2. An employee will be removed from a Safety Sensitive Position for 24 hours if your BA is more than .02 and less than .04. A Breath Test over .04 is a DOT Violation, and a referral will be required to a Substance Abuse Professional before being released back to a safety sensitive position.
3. Drugs An Employee may not possess, use, transfer, offer, share, attempt to sell or obtain, manufacture, or be under the influence of any drug or similar substance and also may not have any drugs of similar substances present in the body. Thus, an employee who tests positive for any illegal-drug violates this rule. This rule also pertains to Prescription drugs being taken without doctors authorization.
4. Drug Paraphernalia and Alcohol Containers An Employee may not possess any Drug Paraphernalia or Alcohol Containers.
5. Prescriptions/ Over-the-counter Medications It is the employees responsibility to check the potential effects of prescribed drugs and over-the counter Medications with your doctor or pharmacists before starting work, and to immediately let your supervisor know when such use makes it unsafe for you to report to work or do your job.
6. Adulterants Any substance that is used for the purpose of Manipulating a drug test by adding to the specimen or ingesting.

Pre-Employment Testing.

All safety sensitive employees are required to pass a DOT pre-employment urine drug test before being hired.



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Mandatory Post Accident Testing.

Post accident drug and/or alcohol testing will be at supervisor or company request, or as Defined in guidelines.

Type of accident involved	Citation issued to the CMV driver? (Class A or B)	Test must be Performed.
i. Human Fatality	Yes No	Yes Yes
ii. Bodily injury with immediate medical treatment away from scene..	Yes No	Yes No
iii. Disabling damage to any motor vehicle requiring tow away.	Yes No	Yes No

Reasonable Suspicion Testing or Reasonable Cause

At least one Supervisor will be trained to make these observations of Work Performance, Behavior, and Physical Indicators.

- Observable Symptoms or Unusual Behavior.
- The Odor or Smell of Alcohol or Drugs on the employee's breath or clothes or in an area (such as in a vehicle, office, work area, or restroom) immediately controlled or occupied by the employee.
- Alcohol, alcohol containers, illegal drugs or drug paraphernalia in the employee's possession or in an area controlled or occupied by the employee (vehicle, office, desk restroom.) ;
- Unexplained or Significant deterioration in job performance.
- Unexplained significant changes in behavior (e.g., abusive behavior, repeated disregard of safety rules or procedures, insubordination, etc.);
- Evidence that the employee may have tampered with a previous drug test.
- Criminal citations, arrests or convictions involving drugs and alcohol.
- Unexplained absenteeism or tardiness
- Employee admissions regarding drug or alcohol use;
- Any involvement in any work-related accident or near misses.



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- Any type of Paraphernalia discover on your person or Company Property

Fit for Duty

CAPITAL SHIELD SECURITY LTD could require a fit for duty exam by a certified Medical Practitioner; this exam can be administered along with Drug and Alcohol Screen to determine if employee is fit for Duty. This could be requested in addition to the DOT Medical card Certificate.

Duty to Cooperate

An employee who fails to cooperate in the administration of this policy generally will be terminated and is in violation of 49 CFR Part 40. This includes such things as:

- Refusing to consent to testing, to submit a sample, or to sign required forms.
- Refusing to cooperate in any way (for example, refusing to courteously and candidly cooperate in any interview or investigation, including any form of truthfulness, misrepresentation or misleading statements or omissions.);
- Any form of dishonesty in the investigation or testing process.
- Refusing to test again at a time of CAPITAL SHIELD SECURITY LTD's choosing whenever any test results in a finding of a dilute sample or reasonable suspicion.
- Failure to accept the referral, to enter into and complete an approved treatment program, or to sign or adhere to the commitments in the Last Chance Performance Agreement.

Approved

Managing Director

A handwritten signature in black ink, appearing to be "Michael", is written over a horizontal line.

CAPITAL SHIELD SECURITY LTD

This policy is reviewed on 01/01/2026



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EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING

1. I, _____ acknowledge receiving a copy of CAPITAL SHIELD SECURITY LTD's Drug and Alcohol Policy. Date _____
2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to CAPITAL SHIELD SECURITY LTD for its use evaluation and suitability for continued employment. I also release CAPITAL SHIELD SECURITY LTD from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to CAPITAL SHIELD SECURITY LTD, and/or if the test results indicate that I do not meet CAPITAL SHIELD SECURITY LTD's standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are dilute on the second testing, I may be terminated.

I have read this entire policy and each of the above statements Yes No

Signe:

Date: