

EMPLOYEE SAFETY POLICY ACKNOWLEDGEMENT

By my signature below, I acknowledge that I have read Phillips & Koch Construction's Safety Policy. I also agree with the concept of this policy and understand that my continued employment with Phillips & Koch Construction, Inc., is largely based on my safe and efficient work habits.

Employee Signature

Date

Employee Name (Please Print)

DRUG AND ALCOHOL RECEIPT AND TESTING AUTHORIZATION

Signing of this form authorizes Phillips & Koch Construction, Inc. to test the undersigned in accordance with the Policy. Signing also authorizes the laboratory, physician, hospital, clinic, or other qualified testing facility performing the test to release the test results to Phillips & Koch Construction, Inc. at any time during the undersigned's current and future employment, and authorizes Phillips & Koch Construction, Inc. and the testing entity to release such test results to Phillips & Koch Construction, Inc.'s insurance carriers, including worker's compensation carriers or state fund administrators, when, in the opinion of Phillips & Koch Construction, Inc. or the insurance companies, the results are relevant to a pending or potential future claim by the undersigned. The test results may be used in connection with worker's compensation or health insurance claims, disciplinary, and all other purposes contemplated by the Policy.

This authorization shall remain valid for five (5) years from the date appearing below, or if later, until the conclusion of any worker's compensation claim or other legal proceedings initiated by the undersigned.

The undersigned has the right to receive a true copy of this authorization upon his/her request.

Employee Signature

Date

Employee Name (Please Print)