



Bridgewater Township Police Department Policy/Procedure

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2/19	Pg 5 Sec. III C.7 modified pg 6 Sec. III D.3 removed. Pg 14 Sec. III L.4 modified
2/21	Pg. 7 -11 modified
2/23	Pg 2 A 1c modified, Pg 12 J 3i modified, Pg 16 Section O added, Pg 18 P 9 added
6/23	Pg 6 D 6 & 7 added, Pg 10 H1b modified, Attachment G updated

- I. **PURPOSE:** To detect drug abuse and to establish guidelines for drug testing.

- II. **POLICY:** In conjunction and compliance with the Somerset County Law Enforcement Drug Testing Policy and the NJ Attorney Generals Directive 2018-2 revised in February 2023, the Bridgewater Township Police Department establishes the following Standard Operating Procedures as they relate to this Policy.

- III. **PROCEDURE:**

A. Drug testing may be categorized by the employment status of the individual being tested and the method by which the individual was selected. Drug testing has 3 categories:

1. Applicant Testing:

- a.** Prospective employees should be drug tested as a condition of employment and this testing may be conducted at any point of the hiring process.
- b.** Applicants may be tested as many times as necessary to ensure that the applicant(s) are not engaged in the illegal use of drugs.
- c.** Prior to the submission of a specimen, an applicant for a law enforcement position shall execute the Applicant Notice and Acknowledgement Form (DTP-Form 6) consenting to the collection and analysis of their urine for illegal drugs **(Attachment F)**. The form shall also advise the applicant that a negative result is a condition of employment and that a positive result will result in the consequences outlined on **Page 13 Consequences of a Positive Drug Test**. The drug testing medication form and information form should not be used at the applicant stage, unless a positive test result requires an explanation by the prospective employee. The drug testing medication information form shall be used if a conditional offer has been made to the applicant.
- d.** Applicants will be notified that a negative result is a condition of employment and that the consequences outlined on **(Page 13 Consequences of a Positive Drug Test)**; of this policy will occur with a positive result.
- e.** Applicants shall be further informed that their refusal to submit to a drug test shall result in their no longer being considered for law enforcement employment in New Jersey.

2. Trainee Testing:

- a.** Individuals who are required to attend and successfully complete a mandatory basic training course approved by the Police Training Commission (PTC) are subject to drug testing during their attendance at a police academy. **Attachment I** (Trainee Notice and Acknowledgment, DTP-Form 9)

- b. Trainees may be required to submit one or more urine specimens for testing during their mandatory basic training course.
- c. Urine testing will be conducted by the police academy staff under rules and regulations adopted by the PTC.
- d. Trainees shall also be required to submit urine specimens for testing when there is reasonable suspicion to believe that the trainee is illegally using drugs. Reasonable suspicion testing of a trainee shall only occur with the approval of the county prosecutor, Chief of the trainee's agency or the Academy Director.
- e. Trainees will be notified that a negative result is a condition of employment and that the consequences outlined in Section L of this policy will occur with a positive result.
- f. Trainees shall be further informed that their refusal to submit to a drug test shall result in their dismissal and permanent ban from future law enforcement employment in New Jersey.

3. Officer Testing:

- a. Sworn officers shall be ordered to submit a urine specimen for testing when they have been randomly selected to submit to a drug test.
- b. Sworn officers shall also be required to submit a urine specimen for testing when there is reasonable suspicion to believe that the officer is illegally using drugs. This must be approved by the County Prosecutor or the Chief of the officer's agency prior to testing.

B. Type of Testing:

- 1. Random Drug Testing
- 2. Reasonable suspicion testing
- 3. Medical drug testing

C. Random Drug Testing

- 1. Eligibility for Drug Testing – All sworn members of the Bridgewater Township Police Department will be eligible for random drug testing, regardless of rank or assignment.

2. Frequency of Drug Testing – The random drug testing selection process shall be conducted semi – annually, with a minimum of 10% of the sworn officers within the agency being randomly tested each time. This is a minimum requirement and the Bridgewater Township Police Department may increase the frequency of testing as necessary.
3. Random Selection Process – The Bridgewater Township Police Department will utilize “The Randomizer” program to randomly select sworn members for random drug testing (**See page 18 Procedure for Computerized Random Selection**). A Bridgewater Township Police Department roster will be printed out containing the names, pin numbers and social security numbers of all sworn law enforcement officers of the department. The roster will be examined by the Confidential Secretary for the Chief of Police, the monitor and two (2) representatives of the Police Collective Bargaining Unit; One (1) from the Policemen’s Benevolent Association and one (1) from the Superior’s Officer Association. They will verify that all names, Social Security and PIN numbers are accurate, up-to-date and included in the Randomizer program. The Confidential Secretary and Union Representatives will sign the verification form (**Attachment A**) (Bridgewater Township Police Department Random Drug Testing Verification Form – DTP-Form 1) indicating this was done. The personnel database will be checked and updated for additions/deletions periodically.
4. Number of personnel to be tested – A minimum of 10 % of the sworn personnel within the agency will be selected for random drug testing each time a test is conducted. The Chief of Police will have the final determination as to the total number of Officers that are chosen for each random drug testing as long as the number is not less than 10%. Once the total numbers of Officers are chosen for random drug testing the Chief of Police will have the authority to ascertain a urine sample at any time during the calendar year that the Officers names were chosen for the random drug test.
5. Monitoring/Selection Process – The Randomizer program database file will be opened on the computer and witnessed by the two (2) representatives of the respective bargaining units and the Chief of Police. The Chief of Police will designate another member of the department (monitor) to witness the selection process. The Chief of Police will input the number of Officers to be chosen for the random drug test. The Chief of Police will then activate the Randomizer program randomly selecting the requisite number of Officers from the database. The Officers that are chosen by the Randomizer program will appear at the bottom of the Randomizer program screen. These

names will only be viewed by the Chief of Police and one (1) person of his choosing (monitor). The last four numbers of the chosen Officers social security numbers will be viewed by the representatives of each collective bargaining unit to ensure the correct number of Officers have been chosen. The selections will be printed out and labeled with the date and time of the selection. The Chief and union representatives shall initial the print out. The Chief of Police, monitor, collective bargaining representatives and anyone else involved in the selection process are required to adhere to the provisions of the policy concerning confidentiality of the personnel selected for testing and the selection process itself.

6. Confidentiality of those to be tested – Any member of the department who discloses the identity of any personnel selected for random testing or that a random selection is to take place prior to the collection of urine specimens shall be subject to discipline.
7. Drug Testing Medication Information – Prior to the submission of a urine specimen, an officer shall execute the Officer Notice and Acknowledgement Form DTP-Form 5 (**Attachment E**) advising the officer that a negative result is a condition of employment and that a positive result will result in the consequences outlined on **page 13 consequences of a Positive Drug Test**, of this policy. Officers that are required to provide a urine specimen shall also complete a medical questionnaire (**Attachment D**) (Drug Testing Medication Information Form DTP – Form 4) listing all prescription medications, non-prescription (over the counter) dietary and nutritional supplements that were ingested by the officer in the past 14 days. The Medication Information Form should not be used during the pre-employment process unless a positive test result requires an explanation by the prospective employee.
8. In the event that personnel randomly selected for drug testing are not available (i.e., vacation, sick or other short term excused absence); they will provide a specimen for testing on the next day they are scheduled to return to work. If after the selection process it is determined that an officer selected is currently on long term disability or long term sick leave/medical leave (14 or more days) the selected officer will be excluded from the process and another selection will be made.
9. Personnel who refuse to submit to a random drug test when randomly selected through the drug testing process are subject to the same penalties as those officers who test positive for illegal drug use.
10. Implementing a random drug testing program – The remainder of the drug testing procedure will follow the policy as set forth in the Attorney

General Directive 2018-2 revised in February of 2023 and by the Somerset County Prosecutors Office, in accordance with **N.J.S.A. 40A:14-118**. This procedure is subject to any subsequent changes and/or revisions that occur in the future.

D. Reasonable Suspicion Testing.

1. Ordered Drug Testing – Pursuant to **N.J.S.A. 40A: 14-118**, urine specimens shall be ordered from sworn law enforcement officers where there is reasonable suspicion to believe that the officer is under the influence of an illegal drug or may be illegally using drugs. Urine specimens shall not be ordered from an officer without the approval of the County Prosecutor and the Chief of Police.
2. Protocol – Before an officer may be ordered to submit to a drug test based on reasonable suspicion, a written report documenting the basis for the reasonable suspicion shall be prepared. The report shall be reviewed by the County Prosecutor and the Chief of Police before the test is ordered. Under emergent circumstances, approval may be given for a drug test based on a verbal report from both the County Prosecutor and the Chief of Police.
3. Drug Testing Medication Information – Prior to the submission of a urine specimen, officers shall complete a medical questionnaire which clearly describes all medications, both prescription and over the counter (non-prescription), that were ingested in the past 14 days. (**Attachment D**) (Drug Testing Medical Information Form DTP – Form 5).
4. Drug Test Results – A negative drug test result is required for continued employment as a sworn police officer. A positive result will lead to the officer's termination from employment. Additionally, the officer's name will be included in the central registry maintained by the Division of the State Police, and the officer will be barred from future law enforcement employment in New Jersey.
5. Refusal to submit to reasonable suspicion drug test – Officers who refuse to submit to a drug test based on reasonable suspicion after being lawfully ordered to do so are subject to the same penalties as those officers who test positive for the illegal drugs. A sworn law enforcement officer who resigns or retires after receiving a lawful order to submit a urine specimen for drug testing and who does not provide the specified urine sample shall be deemed to have refused to submit to the drug test.

6. Reasonable suspicion Testing for Cannabis Use Consuming or being under the influence of cannabis while at work or during work hours is strictly prohibited. Officers shall be tested for cannabis in the following situations:
 - a. Upon reasonable suspicion of the officer's use of a cannabis item while engaged in the performance of the officer's duties, or
 - b. Upon a finding of observable signs of intoxication related to the use of the cannabis item while engaged in the performance of the officer's duties.
7. In the above situations, the drug test shall include a physical evaluation by a Workplace Recognition Expert (WIRE) to determine the officer's state of impairment and urinalysis.

E. Medical Drug Testing.

1. Medical Drug Testing – Urine specimens may be collected from sworn law enforcement officers during a regularly scheduled and announced medical examination or a fitness for duty examination. However, the collection and analysis of these specimens is not governed by the Standard Drug Testing Policy as set forth by the Somerset County Prosecutors Office.

F. Monitors Responsibilities.

1. The Monitor of the specimen acquisition process shall be responsible for the following:
 - a. Ensuring that all documentation is fully and accurately completed by the individual submitting the specimen (the donor).
 - b. Collecting specimens in a manner that provides for individual privacy while ensuring the integrity of the specimen. The monitor shall be the same sex as the person providing the sample. If the same sex monitor is unavailable, that we can reach out to another agency to assist with the collection. Individual specimens and forms shall be identified throughout the process by the use of donor identification numbers (Donor ID). At no time shall a name appear on any form or specimen container sent to the Laboratory.

- c. Complying with chain of custody procedures established by the Laboratory for the collection and submission for analysis of urine specimens.
 - d. Specimens shall be collected utilizing split collection kits supplied by the Laboratory. Under no circumstances shall a specimen be collected and submitted for analysis in a specimen container that has not been approved by the NJ State Medical Examiner Toxicology Laboratory. It is the responsibility of each agency to contact the Laboratory to obtain the Split Specimen Kits and Forensic Urine Drug Testing Custody and Submission Forms (CSF) (**Attachment G**).
 - e. Collecting and submitting urine specimens in accordance with procedures established by the Laboratory.
- 2. In Order to ensure the accuracy and integrity of the collection process a monitor may:
 - a. Direct an individual officer who has been selected for drug testing to remove outer clothing (jackets, sweaters, etc.), empty their pockets, and wash their hands under running water, before they produce a specimen.
 - b. Add tinting agents to toilet water and secure the area where the specimens are to be collected prior to specimen collection.
- 3. If the monitor has reason to believe that an individual officer will attempt to adulterate or contaminate a specimen, substitute another substance or liquid for their specimen, or compromise the integrity of the test process, the monitor may conduct a direct observation of the individual officer. If a monitor concludes that direct observation is necessary, he or she must document the facts supporting the belief that the officer will attempt to compromise the integrity of the test process before there can be direct observation.

G. Urine Specimen Collection Procedure.

- 1. Unless otherwise noted, all steps must be completed by the donor in the presence of the monitor.
- 2. The monitor completes the agency information, donor identification, and test information sections of the Custody and Submission Form (CSF).

3. The monitor allows the donor to select one NJ Medical Examiner State Toxicology Laboratory issued sealed split specimen collection kit.
4. The donor unseals the split specimen collection kit, removes the specimen bag and specimen containers from the specimen collections container, and place all items on a clean surface.
 - a. The specimen containers shall be kept closed/ unsealed at this time.
 - b. The specimen collection container and specimen containers should be kept within view of both the donor and the monitor.
5. The monitor instructs the donor to void a specimen of at least 45 mL into the specimen collection container, to not flush the toilet, and return with the specimen container immediately after the specimen is produced.
6. The monitor checks the specimen for adequate volume and the temperature indicator strip on the specimen container within 4 minutes.
 - a. A color change between 90° and 100° F indicates an acceptable specimen temperature. The monitor indicates if the temperature is acceptable by marking either the “Yes” or “No” box in the specimen collection section of the CSF. If a temperature strip does not indicate the acceptable temperature, the monitor must consider the possibility that the officer attempted to tamper with the collection.
 - b. The monitor must follow the “shy bladder” procedure for donors that initially are unable to produce an adequate amount of urine (See Section H, “Shy Bladder” Procedure).
7. The monitor instructs the donor to split the collected specimen into the specimen containers.
 - a. The donor opens both specimen containers and pours **at least** 30 mL of urine from the collection container in the primary specimen container and **at least** 15 mL of urine from the collection container in the secondary specimen container.
 - b. The donor secures both specimen containers by placing and securing the lids/caps on the specimen containers.

8. The monitor instructs the donor to seal the specimen containers with tamper-evidence seals from the CSF.
 - a. The donor carefully removes the Bottle A Specimen Container Security Seal from the CSF and places it over the lid/cap and down the sides of the primary specimen container with the greater volume of urine (30 mL).
 - b. The donor carefully removes the Bottle B (SPLIT) Specimen Container Security Seal from the CSF and places it over the lid/cap and down the sides of the secondary specimen container with the lesser volume of urine (15 mL).
 - c. After the seals are placed on the specimen containers, the donor writes the collection date and his or her initials in the space provided on the security seals to certify that the specimen containers contain the specimen that he or she provided.
9. The monitor prints his/ her name, signs and dates the monitor/ agency acknowledgement section of the CSF.
10. The monitor instructs the donor to place both specimens in the front pouch of the specimen bag that contains the absorbent pad.
11. The monitor separates the white laboratory copy of the CSF, folds it, and places it in the rear pouch of the specimen bag along with the sealed medication information sheet, if provided.
12. The monitor seals the specimen bag by removing the release liner from the flap folding the blue adhesive flap to cover the cross hatch slit opening.
13. Any remaining urine and specimen collection container may be discarded.
14. The monitor will take possession of the sealed specimen bag and ensure that it is delivered to the NJ State Medical Examiner Toxicology Laboratory in a timely manner (See Section J; Submission of Specimen for Analysis Below)

H. “Shy Bladder” Procedures.

1. When a donor initially produces an inadequate amount of urine, the monitor must take the following steps:

- a. Advise the donor to remain on the premises and under the supervision of the test monitor until the amount is satisfied that the donor cannot produce a specimen.
 - b. While the donor is under supervision, allow the donor to drink up to 40 ounces of fluids distributed reasonably over a period of up to three hours in an attempt to induce the production of a specimen. The monitor shall not direct the donor to ingest more than 40 ounces of fluid.
 - c. Under no circumstances, should multiple voids be combined to produce an adequate sample volume.
2. If the donor remains unable to provide a specimen after a reasonable period of time, the monitor may have the donor examined by a doctor to determine whether the inability to produce a specimen was the result of a medical or physical infirmity or constituted a refusal to cooperate with the drug testing process.

I. Split Specimen.

1. A donor whose specimen tested positive may only challenge the positive test result by having the split specimen independently tested by an accredited laboratory. The first specimen will not be retested.
2. The split specimen will be maintained at the Laboratory for a minimum of one year following the receipt of a positive drug test result from the Laboratory by the submitting agency.
3. The split specimen will be released by the Laboratory under the following circumstances:
 - a. The agency is notified by the Laboratory that the first specimen tested positive for a controlled substance;
 - b. The agency notifies the donor that the first specimen tested positive for a controlled substance; and
 - c. The agency is informed by the donor whose specimen tested positive that he/she wishes to challenge the positive test result.
4. A representative of the second test laboratory may, in person, take possession of the second sample in accordance with accepted chain of custody procedures or the sample may be sent to the second test

laboratory by commercial courier also following accepted chain of custody procedures.

5. Following testing of the split specimen, the independent laboratory will report the result of the split specimen drug test to the donor, to the submitting agency, and to the NJ State Medical Examiner Toxicology Laboratory medical review officer.

J. Submission of Specimen for Analysis.

1. Facility – The New Jersey State Toxicology Laboratory will be the sole facility utilized for the analysis of drug tests. The State Laboratory is located at 325 Norfolk Street, Newark, New Jersey, 973-648-3915.
2. Specimens may be submitted to the Laboratory by commercial courier using “next day delivery” or in person (appointment only).
3. Submission to Laboratory – Urine specimens will be delivered to the laboratory within one (1) working day of their collection. If a specimen cannot be submitted within one work day, it shall be stored in a controlled and secured refrigerated area until it is submitted. Collected specimens will be transported to the laboratory by an officer(s) designated by the Chief of Police. The Drug Testing Medication Form and the CSF form (**Attachment G**) will accompany the specimens to the laboratory.
4. The Laboratory's drug testing procedures will screen specimens for the following controlled substances:
 - (a) Amphetamines
 - (b) Barbiturates
 - (c) Benzodiazepines
 - (d) Cocaine
 - (e) Methadone
 - (f) Opiates
 - (g) Oxycodone/Oxymorphone
 - (h) Phencyclidine
 - (i) Marijuana/Cannabis (**only** to be included in the testing process when: the officer is assigned to a federal task force; the officer holds a federally regulated license, which requires testing (e.g. pilot or commercial driver's license); the law enforcement agency is specifically required to test by the terms of a federal contract or federal grant; or as outlined in the reasonable suspicion sections.

5. In addition to the testing outlined above, specimens submitted to the State Toxicology Laboratory may be tested for additional substances at the request of the law enforcement agency submitting the specimen. The State Toxicology Laboratory has the ability through its own facilities, as well as facilities employed as reference laboratories, to arrange drug testing for steroid abuse, as well as other currently abused chemicals.

K. Drug Test Results.

1. The State Toxicology Laboratory will provide written test results for every specimen submitted for analysis. All efforts will be made to deliver these reports within 15 working days of the submission. Reports will be addressed to the contact person listed on the specimen submission record. Positive test results will be sent to the contact person by certified mail.
2. In some cases, the laboratory will report that a specimen tested positive for a particular substance and that the information on the medication information form explains the test results. For example, the Laboratory may report that a specimen tested positive for barbiturates and a prescription for that barbiturate was listed on the form by the officer. At that point, it is the responsibility of the submitting agency to determine whether the officer had a valid prescription for that drug. Officers who do not have a valid prescription are subject disciplinary action including termination by the agency.
3. Under no circumstances will the Laboratory provide law enforcement agencies with verbal reports of drug test results. In addition, no individual or agency may ask the Laboratory to conduct a second analysis of a specimen that has already been analyzed.
4. Employee Notification – An officer who has tested positive will be advised of this finding in writing by the Chief of Police, immediately upon receipt of the findings. The officer may request and receive a copy of the laboratory report.

L. Consequences of a Positive Drug Test

1. When an applicant tests positive for illegal drug use:
 - a. The applicant shall be immediately removed from consideration for employment by the agency.

- b.** The applicant shall be reported to the Central Drug Registry maintained by the Division of State Police by the law enforcement agency to which the individual applied.
 - c.** The applicant shall be precluded from consideration for future law enforcement employment by any law enforcement agency in New Jersey for a period of two years.
 - d.** Where the applicant is currently employed by another agency as a sworn law enforcement officer, the officer's current employer shall be notified of the positive test result. Under these circumstances, the officer's current employer is required to dismiss the officer from employment and also report his or her name to the Central Drug Registry maintained by the Division of State Police.
- 2.** When a trainee tests positive for illegal drug use, subject to rules adopted by the Police Training Commission:
- a.** The trainee shall be immediately dismissed from basic training subject to rules adopted by the Police Training Commission and suspended from employment by his or her appointing authority.
 - b.** Upon final disciplinary action by the appointing authority, the trainee shall be terminated from employment as a law enforcement officer.
 - c.** The trainee shall be reported to the Central Drug Registry maintained by the Division of State Police.
 - d.** The trainee shall be permanently barred from future law enforcement employment in New Jersey.
- 3.** When a sworn law enforcement officer tests positive for illegal drug use:
- a.** The officer shall be immediately suspended from all duties.
 - b.** The officer shall be administratively charged and, upon final disciplinary action, terminated from employment as a law enforcement officer.
 - c.** The officer shall be reported by his or her employer to Central Drug Registry maintained by the Division of State Police.

- d. The officer shall be permanently barred from future law enforcement employment in New Jersey.

M. Consequences of a Refusal to Submit to a Drug Test.

1. Applicants who refuse to submit to a drug test during the pre-employment process shall be immediately removed from consideration for law enforcement employment and barred from consideration for future law enforcement employment for period of two years from the date of the refusal. In addition, the appointing authority shall forward the applicant's name to the Central Drug Registry and note that the individual refused to submit to a drug test.
2. Trainees who refuse to submit to a drug test during basic training shall be immediately removed from the academy and immediately suspended from employment. Upon a finding that the trainee did in fact refuse to submit a sample, the trainee shall be terminated from law enforcement employment and permanently barred from future law enforcement employment in New Jersey. In addition, the appointing authority shall forward the trainee's name to the Central Drug Registry and note that the individual refused to submit to a drug test.
3. Sworn law enforcement officers who refuse to submit to a drug test ordered in response to reasonable suspicion or random selection shall be immediately suspended from employment. Upon a finding that the officer did in fact refuse to submit a sample, the officer shall be terminated from law enforcement employment and permanently barred from future law enforcement employment in New Jersey. In addition, the appointing authority shall forward the officer's name to the Central Drug Registry and note that the individual refused to submit to a drug test. If there is no valid reason why an officer cannot produce a specimen, the officer's actions will be treated as a refusal. In addition, a sworn law enforcement officer who resigns or retires after receiving a lawful order to submit a urine specimen for drug testing and who does not provide the specimen shall be deemed to have refused to submit to the drug test.

N. Record Keeping.

1. The Internal Affairs Unit shall maintain all records relating to the drug testing of applicants, trainees and law enforcement officers.
2. The drug testing records shall include but not be limited to:
 - a. For all drug testing:

- (1) The identity of those ordered to submit urine samples;
 - (2) The reason for that order;
 - (3) The date the urine was collected;
 - (4) The monitor of the collection process;
 - (5) The chain of custody of the urine sample from the time it was collected until the time it was received by the State Toxicology Laboratory;
 - (6) The results of the drug testing;
 - (7) Copies of notifications to the subject;
 - (8) Any positive result, documentation from the officer's physician that the medication was lawfully prescribed and does not render the officer unfit for duty;
 - (9) Any positive result or refusal, appropriate documentation of disciplinary action
- b. For random drug testing, the records shall include but not be limited to:
- (1) A description of the process used to randomly select officers for drug testing;
 - (2) The date selection was made;
 - (3) A copy of the document listing the identities of those selected for drug testing;
 - (4) A list of those who were actually tested; and
 - (5) The date(s) those officers were tested.

O. Resignation/ Retirement in Lieu of Disciplinary Action

- 1. A sworn law enforcement officer who tests positive for illegal drug use or refuses to submit a drug test, and who resigns or retires in lieu of disciplinary action or prior to the completion of final disciplinary action, shall be reported by his or her employer to the Central Drug Registry and shall be permanently barred from future law enforcement employment in New Jersey.

P. Forms and Attachments.

- 1. Bridgewater Township Police Department Random Drug Testing Verification Form (DTP-Form 1). This form verifies that every eligible officer was included in the selection process. It will be completed by the Confidential Secretary and one (1) representative of each of the departments bargaining units (PBA & SOA). **(Attachment A)**
- 2. Bridgewater Township Police Department Drug Testing Record Form (DTP – Form 2). A separate Drug Testing Record Form will be utilized for each officer submitting a random urine specimen. This form will

include the officers Social Security number, the date he/she was selected/ordered to submit to drug testing, the date and time the sample was collected and the monitor of the test. The chain of custody is also on this form. A copy of the test result from the laboratory will be attached along with the date the officer was notified of the results.
(Attachment B)

3. Bridgewater Township Police Department Random Drug Testing Form (DTP-Form 3). This form will be completed after the selection process is complete. The Chief of Police and one designated person will identify each officer chosen by name and his/her Social Security number on the form. The names listed of the witnesses to the selection process will be included. When an officer is tested, the date and time will be included.
(Attachment C)
4. Drug Testing Medication Information Form (DTP Form 4) -This form will be completed by the officer giving the urine specimen listing all prescription medications, non-prescription (over the counter) dietary and nutritional supplements that were ingested by the officer in the past 14 days. The test monitor will ensure the form is properly completed prior to submission of the urine specimen. The Medication Information Form shall be placed in a plain white envelope which will be sealed by the donor. The donor will write their social security number on the front of the plain white envelope and date and initial the envelope after it is sealed. The sealed envelope with the form will be submitted to the State Toxicology Laboratory along with the Specimen Submission Form (two-page duplicate form). This form is not to be used by applicants.
(Attachment D)
5. Bridgewater Township Police Department Drug Testing Officer Notice and Acknowledgement Form (DTP-Form 5). This form will be completed after the selection process is complete. The officer selected for drug testing will read and sign this form. This form advises the officer that a negative result is a condition of employment and that a positive result or a refusal to submit a specimen will result in the consequences outlined in Section L & Section M. of this policy. The monitor will ensure that the form is completed and sign as a witness.
(Attachment E)
6. Bridgewater Township Police Department Drug Testing Applicant Notice and Acknowledgement Form (DTP- Form 6). An applicant for a law enforcement position shall execute this form consenting to the collection and analysis of their urine for illegal drugs. The form will advise the applicant that a negative result is a condition of employment and that a positive result or a refusal to submit a specimen will result in the consequences outlined in Section L & Section M. of this policy. The

Detective conducting the applicants background investigation will ensure that the form is completed and sign as a witness. **(Attachment F)**

7. Specimen Submission Record – Provided by the State Toxicology Laboratory, the form includes a listing of all specimens turned over to the laboratory for testing. The form is turned over to the laboratory with the urine specimens. A copy of the completed and signed specimen submission record will be retained for the file. (State of New Jersey State Toxicology Laboratory Forensic Urine Drug Testing Custody and Submission Form Specimen Submission Form – Three-page carbon copy paper, DTP – Form 7). **(Attachment G)**

8. Notification to the Central Drug Registry (DTP – Form 8) – The Central Drug Registry will be notified, upon receipt of a positive result for any applicant, trainee and sworn law enforcement officer who test positive for the illegal use of drugs or refuse an order to submit to a drug test All notifications shall include: **(Attachment H)**.
 - a. The name and address of the submitting agency and contact person.
 - b. The name of the individual who tested positive.
 - c. The last known address of the individual.
 - d. Date of Birth.
 - e. Social Security number.
 - f. SBI number (if applicable).
 - g. Gender.
 - h. Race.
 - i. Eye color.
 - j. The substance the officer tested positive for, or the circumstances of the individual's refusal to submit to a urine specimen.
 - k. The date of the drug test or refusal.
 - l. Date of final dismissal or separation from the department.
 - m. Indicate if the individual was an applicant, trainee, or sworn law enforcement officer.

(1) The certification section of the notification form must be completed by the Chief of Police and notarized with a raised seal. Notifications to the Central Registry shall be sent to:

Division of State Police
State Bureau of Identification/ Central Drug Registry
PO Box 7068
West Trenton, NJ 08628-0068

9. Information contained in the central registry may be released by the Division of State Police only under the following circumstances:
 - a. In response to an inquiry from a criminal justice agency as part of the background investigation process for prospective or new personnel; and
 - b. In response to a court order.
10. Trainee Notice and Acknowledgement form (DTP- Form 9). This form will be completed by new hires prior to admission into the police academy or prior to employment with the Bridgewater Township Police Department. The trainee will read and sign this form. This form advises the trainee that a negative drug test result is a condition of continued attendance at the academy and that a positive result will result in being dismissed from the academy. **(Attachment I)**

Q. Procedure for Computerized Random Selection.

1. Start the Randomizer program.
2. Verify with the members of the collective bargaining units that the personnel database is accurate and up to date.
3. Under the "Random Controls" tab select a total number of sworn personnel to be tested and input that number into the Randomizer program. This can either be input by percentage or by number of Officers. (Between 10-30 percent).
4. Select the "Randomize" button and the random selected Officers names will appear at the bottom of the program screen.
5. Print the list of selected Officers, and verify the total number of selected officers matches the number of Officer actually selected by the Randomizer program.
6. The monitor and the members of the collective bargaining units will initial and date the printed list of Officers to be tested. Only the last four numbers of the selected Officer's Social Security numbers should be visible to the members of the collective bargaining units.
7. Close the Randomizer program.

Attachment A



100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

**Bridgewater
Police
Department**

Random Drug Testing Verification Form

On _____, the undersigned verify that the Employee Data Base, containing the Names, Social Security Numbers and Personal Identification Numbers of all sworn Bridgewater Township Police Department personnel was correct and up to date. The computer generated data base is utilized for selection in compliance with the Attorney General's Law Enforcement Drug Testing Policy, Drug Testing Policy for Somerset County Law Enforcement Agencies and the Bridgewater Police Department Drug Testing Policy.

Name (Printed)

Signature

Name (Printed)

Signature

Name (Printed)

Signature

DTP – Form 1

Attachment B



100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

**Bridgewater
Police
Department**

Drug Testing Record Form

Social Security Number: _____

Date Selected: _____

Date Sample Collected: _____

Monitor: _____

Chain of Custody

Date	Disposition	Officer

Test Results: (Attach Results) Negative Positive

Subject Notified On: _____ By: _____

DTP – Form 2

Attachment C



100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

**Bridgewater
Police
Department**

Bridgewater Township Police Department
Random Drug Testing Form

On _____, the following Police Personnel were randomly selected for drug testing:
(Social Security Number Only)

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

The selection process was witnessed by: _____

The following Police Personnel were tested: (Social Security Number Only)

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

DTP- Form 3

Attachment D



100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

**Bridgewater
Police
Department**

DRUG TESTING MEDICATION INFORMATION

As part of the drug testing process, it is essential that you inform us of all medications you have taken in the last fourteen (14) days. Please *carefully* complete the information below.

Check all that apply:

____ A. During the past 14 days I have taken the following medication prescribed by a physician:

	Name of Medication	Prescribing Physician	Date Last Taken
1			
2			
3			

____ B. During the past 14 days, I have taken the following non-prescription medications (cough medicine, cold tablets, aspirin, diet medication, nutritional supplements, etc.)

	Name of Medication	Date Last Taken
1		
2		
3		

____ C. During the past 14 days, I have taken NO prescription or non-prescription medications.

_____ Donor ID and Initials

_____ Date

DTP- Form 4

Attachment E



**Bridgewater
Police
Department**

100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

DRUG TESTING OFFICER NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as part of my employment with the Bridgewater Police Department, I am required to undergo unannounced drug testing by urinalysis either through a random drug testing procedure or where there is reasonable suspicion to believe I am illegally using drugs.

I understand that a negative drug test result is a condition of my continued employment as a sworn officer at the above listed department.

I understand that if I produce a positive test result for illegal drug use, it will result in my termination from employment.

I understand that if I refuse to undergo testing, it will result in the same penalties as a positive test for the illegal use of drugs.

I understand that if I produce a positive test result for illegal drug use or refuse to take the test, the information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to my employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use, I will be permanently barred from future employment as a law enforcement officer in New Jersey.

I understand that if I cannot produce a specimen for any valid reason this action will be considered a refusal, it will result in the same penalties as a positive test for the illegal use of drugs.

I understand that if I resign or retire after receiving a lawful order to submit a urine specimen for drug testing and do not provide the specimen, I shall be deemed to have refused to submit to the drug test.

I have read and understand the information contained on this "Officer Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as a condition of my continued employment as required by law.

Signature of Officer

Date

Signature of Witness

Date

Refusal to Submit to a Drug Test

(If the officer is refusing to provide a sample the monitor should ask the below question and record the response)

At this time are you refusing to submit a urine sample for drug testing?

Answer: _____

Signature of Officer

Date

Signature of Witness

Date

DTP- Form 5

Attachment F



100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

**Bridgewater
Police
Department**

DRUG TESTING

APPLICANT NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as part of the pre-employment process, the _____ will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo drug testing through urinalysis. I understand that a negative drug test result is a condition of employment. I understand that if I refuse to undergo the testing, I will be rejected from employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use or refuse to take the test, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years from the date of the test. After this two-year period, the positive test result may be considered in evaluating my fitness for future criminal justice employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive test result for illegal drug use, my current law enforcement employer will be notified of the positive test result. In addition, I will be dismissed from my law enforcement position and I will be permanently barred from law enforcement employment.







I have read and understand the information contained on this "Applicant Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the pre-employment process.

Signature of Applicant Date

Signature of Witness Date

DTP- Form 6

Attachment G

	NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER NJ STATE MEDICAL EXAMINER TOXICOLOGY LABORATORY 325 NORFOLK STREET, NEWARK, NJ 07103-2701 Phone: (973) 350-5073 Fax: (973) 648-3790 drug_testing@doh.nj.gov																																																																	
FORENSIC URINE DRUG TESTING CUSTODY AND SUBMISSION FORM																																																																		
SUBMITTING AGENCY INFORMATION AGENCY MUST COMPLETE ALL INFORMATION IN GREEN SHADED AREAS USING BLACK OR BLUE INK ONLY. PRESS HARD – YOU ARE MAKING MULTIPLE COPIES																																																																		
Agency: _____ Address: _____ County: _____	Contact Person: _____ Phone: _____ Fax: _____ Email: _____																																																																	
DONOR IDENTIFICATION		CONTROL Number																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="15" style="text-align: center;">LEDT Donor ID (19 digits)</td> </tr> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">Agency ORI Number</td> <td colspan="5" style="text-align: center;">Donor DOB (mmddy)</td> <td colspan="4" style="text-align: center;">Donor Last 4 Digits of SSN</td> </tr> <tr> <td colspan="15" style="text-align: center;">Non-LEDT Donor ID (10 digits)</td> </tr> </table>		LEDT Donor ID (19 digits)																														Agency ORI Number										Donor DOB (mmddy)					Donor Last 4 Digits of SSN				Non-LEDT Donor ID (10 digits)															 000161058
LEDT Donor ID (19 digits)																																																																		
Agency ORI Number										Donor DOB (mmddy)					Donor Last 4 Digits of SSN																																																			
Non-LEDT Donor ID (10 digits)																																																																		
TEST INFORMATION																																																																		
Test Type (check one box only): <input type="checkbox"/> Law Enforcement Drug Test <input type="checkbox"/> non-Law Enforcement Drug Test Test Basis (check one box only): <input type="checkbox"/> Applicant <input type="checkbox"/> Trainee <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return to Duty	Test Request: <input type="checkbox"/> 8-Drug Panel <input type="checkbox"/> Anabolic Steroids (additional charge) <input type="checkbox"/> Marijuana/Cannabis* *Reason for Marijuana/Cannabis Request (check all applicable): <input type="checkbox"/> Officer is Assigned to a Federal Task Force <input type="checkbox"/> Officer Holds a Federally Regulated License Which Requires Testing <input type="checkbox"/> Federal Contract/Grant Requires Testing <input type="checkbox"/> Reasonable Suspicion – Officer is Under the Influence or Using During Work Hours																																																																	
SPECIMEN COLLECTION – TO BE FILLED BY MONITOR																																																																		
Read urine specimen temperature within 4 minutes. Is temperature between 90° and 100°F? <input type="checkbox"/> Yes <input type="checkbox"/> No Enter Remarks _____																																																																		
SPECIMEN CONTAINER / MEDICATION INFORMATION SHEET SECURITY SEALS – TO BE FILLED BY DONOR AFTER COLLECTION																																																																		
Bottle A  000161058	PLACE OVER CAP	_____ Collection Date (mm/dd/yyyy) _____ Donor's Initials																																																																
Bottle B (SPLIT)  000161058	PLACE OVER CAP	_____ Collection Date (mm/dd/yyyy) _____ Donor's Initials																																																																
AFFIX TO SEALED ENVELOPE CONTAINING THE DRUG TESTING MEDICATION INFORMATION SHEET  000161058																																																																		
MONITOR/AGENCY ACKNOWLEDGEMENT – TO BE FILLED BY MONITOR AFTER COLLECTION																																																																		
I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, packaged, stored and released for delivery to the NJ State Medical Examiner Toxicology Laboratory in accordance with the NJ Attorney General's Law Enforcement Drug Testing Policy. The Submitting Agency hereby acknowledges that it maintains chain of custody documentation to ensure the integrity of each specimen. That documentation is maintained in a secure, designated area at our central office and is maintained by procedures designed to ensure confidentiality and individual privacy. Said documentation will be provided upon request.																																																																		
_____ (PRINT) Monitor's Name (First, MI, Last)	_____ Monitor's Signature	_____ Collection Date																																																																
RECEIVED AT LAB – LABORATORY USE ONLY – DO NOT WRITE BELOW THIS LINE																																																																		
SPECIMEN DELIVERED BY <input type="checkbox"/> Agency representative <input type="checkbox"/> USPS <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other _____ SEALED MEDICATION SHEET <input type="checkbox"/> Received <input type="checkbox"/> Not received	SPECIMEN ACCEPTANCE <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected due to: <input type="checkbox"/> Specimen bottle security seal missing or broken <input type="checkbox"/> Donor name present on bottles and/or paperwork <input type="checkbox"/> Insufficient specimen volume <input type="checkbox"/> Control number mismatch <input type="checkbox"/> Agency Acknowledgment collection date does not match security seal <input type="checkbox"/> Other: _____ Rejected specimens are destroyed and submitting agency notified by email.	AFFIX LABORATORY ACCESSION NUMBER LABEL HERE																																																																
Print _____	Sign _____	Date _____																																																																
FUDT CSF v230301	WHITE – LABORATORY COPY	BLUE – AGENCY COPY																																																																
RED – DONOR COPY																																																																		

Attachment H



100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

**Bridgewater
Police
Department**

NOTIFICATION TO THE CENTRAL DRUG REGISTRY

AGENCY SUBMITTING					
AGENCY			PHONE		
ADDRESS		CITY	STATE	ZIP	
CONTACT PERSON		TITLE	PHONE		
PERSON TO BE ENTERED					
LAST NAME	FIRST NAME	INITIAL	GENDER	RACE	EYE COLOR
THIS PERSON WAS:					
<input type="checkbox"/> APPLICANT		<input type="checkbox"/> TRAINEE			
<input type="checkbox"/> SWORN OFFICER-RANDOM		<input type="checkbox"/> SWORN OFFICER- REASONABLE SUSPICION			
ADDRESS					
CITY		STATE		ZIP	
DOB	SSN	SBI NUMBER (IF KNOWN)			
REASON FOR NOTIFICATION					
THE PERSON LISTED ABOVE <input type="checkbox"/> TESTED POSITIVE FOR _____ (IDENTIFY SUBSTANCE)					
OR					
<input type="checkbox"/> REFUSED TO SUBMIT A URINE SAMPLE					
DATE OF THE DRUG TEST OR REFUSAL			DATE OF FINAL DISMISSAL OR SEPARATION FROM AGENCY		
<u>CERTIFICATION (Must be completed by Chief or Director. Must be notarized with raised seal)</u>					
I hereby affirm that the above information is true and correct to the best of my knowledge.					
_____		_____		_____	
<i>Print Name</i>		<i>Title</i>		<i>Signature</i>	
Sworn and subscribed before me this _____ day of _____, _____.					
(Seal)					

Mail to: Division of State Police
Records and Identification Section
P.O. Box 7068
West Trenton, New Jersey 08628-0068

DTP- Form 8

Attachment I



100 COMMONS WAY BRIDGEWATER, NEW JERSEY 08807-2801 • 908-722-4111

**Bridgewater
Police
Department**

DRUG TESTING TRAINEE NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as part of the program of training at the _____, I will undergo unannounced drug testing by urinalysis during the training period.

I understand that a negative drug test result is a condition of my continued attendance at the above listed training program. I understand that if I refuse to undergo the testing, I will be dismissed from the training program and from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use, I will be dismissed from the academy.

I understand that if I produce a positive test result for illegal drug use, the academy will notify my employer of the positive test result. In addition, I will be permanently dismissed from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use or refuse to take the test, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to employment with a criminal justice agency.

I understand that if I produce a positive test result for illegal drug use, I will be permanently barred from serving as a law enforcement officer in New Jersey.

I have read and understand the information contained on this "Trainee Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the academy training program.

Signature of Trainee

Date

Signature of Witness

Date

DTP-Form 9