

EXHIBIT A

DRUG AND ALCOHOL TESTING PROGRAM

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|---|--|
| Company Name: | |
| Contact: | |
| Telephone: | |
| Year Drug Program Implemented: | |
| Name of Consortium / Third Party Administrator for Random Test Selection: | |
| C/TPA Address: | |
| C/TPA Telephone: | |
| Name of Medical Review Officer: | |
| MRO Address: | |
| Name of SAMHSA Drug Testing laboratory: | |

Certification Statement – Programs which meet U.S. Department of Transportation (DOT) Regulatory Requirements (49 CFR Part 199 and 382)

I understand that as a contractor to NW Natural I am responsible for complying with any applicable federal drug and alcohol testing requirements. I certify that the drug and alcohol testing program described above meets the requirements described in 49 CFR Part 40 - Procedures for Transportation Workplace Drug and Alcohol Testing Programs and/or (if applicable) 49 CFR Part 199 - Pipeline Safety Regulations, Drug and Alcohol Testing and/or (if applicable) 49 CFR Part 382 – Federal Motor Carrier Safety Regulations, Controlled Substances and Alcohol Use and Testing where applicable.

Signature: _____

Date: _____