

**LOS ANGELES DEPARTMENT OF WATER AND POWER**

**EMPLOYEE DOT DIRECTIVE**

TO: MIKE LOFTON  
FROM: CURTIS W SMITH

DATE: 17 OCT 2007  
TITLE: SR ELECTRICAL MECH SUPV

**SUBJECT: DIRECTIVE TO COMPLY WITH DOT PROCEDURES**

As a result of ~~testing positive~~ <sup>not</sup> or violating a DOT regulation, you are:

- a) Removed from duty immediately. CO
- b) Directed to **immediately** contact Horizon Health's DOT point of contact (Abrenia Bryant) at (858) 712-6273 to obtain an appointment with a Substance Abuse Professional (SAP).
- c) Directed to fully cooperate with the SAP and keep any appointments. **You are not to postpone or reschedule SAP appointments due to any personal scheduling conflicts as this is your work assignment to ensure paid status.**
- d) Directed to sign the SAP release form so that your attendance can be verified or get a receipt from the SAP to verify your attendance at stated appointment.
- e) Directed to fully comply with the SAP recommendations and to **immediately** contact any recommended treatment and/or education program as you are on No shift/No pay until you enter a recognized treatment and/or education program. **You are not to postpone entering a treatment and/or education program due to personal scheduling conflicts.**
- f) Directed to be immediately available for any additional SAP appointments (if needed), drug and/or alcohol testing, or medical appointments as directed by SAP, Medical Review Officer, or Designated Employer Representative (DER) to maintain your paid status while awaiting your return to work.
- g) Carried No shift/No pay while awaiting return-to-duty test results, which is from the time you are released from the treatment and/or education program until you produce a negative DOT return-to-duty test result and are cleared to return to work by Medical Services Office.
- h) Reminded that the Department will treat a positive return-to-duty test as an **additional** offense and subject to appropriate discipline.

**Remember:** The Department requires the employee to provide satisfactory medical proof in order to receive disability compensation. Therefore, some educational programs may not qualify for **paid** disability status after the initial 10 days of sick leave.

Any questions regarding your responsibilities to carry out these directives should be directed to Dora L. Sanchez, the Designated Employer Representative for DOT, at (213) 367-2046 (office) or (213) 792-5922 (cell).

I have read and understand the above directives.

Michael Lofton  
Employee Signature

10/17/07  
Date

Received  
10/24/07  
mjj

Filed:

LOCAL 18, IBEW  
GRIEVANCE NOTIFICATION

2007 OCT 19 PM 3:01  
LOCAL 18, IBEW  
LADWP & POWER  
RELATIONS OFFICE

File No. \_\_\_\_\_  
Unit \_\_\_\_\_

For management use only

Grievant's Name(s) (If more than two, attach typed list)				Employee No.	Civil Service Class Title
Michael Lofton				532091	Senior Electrical Mechanic
Water	Power	Joint	Section	Work Location	Dept. Phone
	X		EDBU/ESM	1212 Palmetto St.	213.367.7046

Has this grievance been discussed with the appropriate supervisor/manager? Date of discussion

**No, Qualms with DOT practices etc.**

Name of appropriate supervisor/manager Title

**John Rumi/ Curt Smith** Electrical Mechanic Supervisor/ Sr Electrical Mechanic Supervisor

What article of applicable Memorandum of Understanding (MOU) and/or Department Rule has been violated?

Article of MOU N/A Unfair DOT Practices and all other applicable articles	Department Rule N/A Falsely accused, Unfair punishment	Date of Grievable Incident 10/16/07
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Issue statement:

DOT testing not a random selection procedure as claimed. Within a 3-4 year period, I've been tested at least 3 times, to which in every instance, I tested negative. I don't have a history, be it on or off the job of substance abuse, be it drugs, alcohol, or otherwise. Thus far it has been proven that possessing a "B" license, a requirement, is of little benefit to good employees.

What would resolve this grievance?

Exoneration of being falsely accused of being a drug or alcohol user, be it direct or implied.  
 Restoration of lost wages or employee benefits, should this be the case.  
 A written apology from LADWP, Horizon Health, and the DOT for defamation of my good character.  
 More or less, this entire DOT process is irrational, not random as claimed, and any punishment targets employees with no history of drug or alcohol abuse. It is a requirement for EM, SEM, ECHs to have a class "B" license.

What was the response of the appropriate supervisor/manager?

n/a

Name of Business Representative handling this grievance

**Gus Corona**

Signature of Business Representative Date

*Gus Corona* 10/19/07



Quest  
Diagnostics

Quest Diagnostics Incorporated

80026068 AREA/ROUTE/STOP: CAXXXXX  
DWP HOPE STREET  
HAN-CHI HELEN WONG, MD  
111 N HOPE ST STE 538  
LOS ANGELES, CA 90012

*Received  
10/24/07  
m22*

562904563

LOFTON, MICHAEL

1 4689258 326965S 10182007 12:15PM 10192007 10192007 12:20PM  
Client Site Location:  
REASON FOR TEST: EMPLOYEE REQUEST  
DONOR ID VERIFIED: PHOTO I.D.

FINAL

REPORT FOR: DWP HOPE STREET - 80026068  
HAN-CHI HELEN WONG, MD  
111 N HOPE ST STE 538  
LOS ANGELES, CA 90012

Tests Ordered: 20010N (SAP 10-50+ALC/MDMA/N)

Integrity Checks

Acceptable Range

CREATININE	43.2 mg/dL	>/= 20 mg/dL
OXIDIZING ADULTERANTS	Negative	
pH	6.8	4.5-8.9

Substance Abuse Panel

Initial	GC/MS Confirm
Test Level	Test Level

MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL
ALCOHOL, ETHYL (U)	Negative		.02 * (1)

\* (1) Test confirmed by GC

CERTIFYING SCIENTIST: DOROTHY GUINTU

SPECIMEN RECEIVED AND PROCESSED IN THE VAN NUYS DHHS CERTIFIED LABORATORY.

LAB: Quest Diagnostics  
7600 Tyrone Ave  
Van Nuys CA 91405

>> END OF REPORT <<

*Facility*

*BW  
10-19-07  
copy to employee*

# Test History Report

Employee Name		Social Security Number					Phone Number			
Date Collected	Reason	Drug/Alc	Status	Result	Pool ID	Panel	Body Fluid	Lab ID	MRO ID	
..A. Dept. of Water & Power										
<b>LOFTON, MICHAEL</b>										
	RAN	Drug	REFU		FMCSA		UR			
11/21/2001	ACC	Drug	OK	NEG	N/A		UR			
8/15/2002	RAN	Drug	OK	NEG	FHWA	SAMHSA	UR			
8/15/2002	RAN	Alcohol	OK	0	FHWA		BR			
4/20/2004	RAN	Drug	OK	NEG	FHWA	SAMHSA	UR	QUEST	WONG	
9/27/2004	RAN	Drug	OK	NEG	FHWA	SAMHSA	UR	QUEST	WONG	
3/24/2006	RAN	Drug	OK	NEG	FMCSA		UR	QUEST	WONG	
3/24/2006	RAN	Drug	OK	NEG		SAMHSA	UR	QUEST	WONG	
4/24/2007	RAN	Drug	OK	NEG	FMCSA	SAMHSA	UR	QUEST	WONG	

Received by  
US mail  
11/8/07

50000520 AREA/ROUTE/STOP: UNHQROO  
HAN-CHI HELEN WONG M.D.


111 N HOPE ST RM 538  
LOS ANGELES, CA 90012



Quest  
Diagnostics

PARTICIPANT NAME 8804272		PARTICIPANT ID		ROOM NO	AGE	SEX	PHYSICIAN
PAGE 1	REQUISITION NO 8804272	ACCESSION NO 333565P	LAB REF #	COLLECTION DATE & TIME 03242006 11:10AM	LOG-IN DATE 03252006	FAX DATE 03252006	& TIME 4:27AM

REMARKS Client Site Location:  
REASON FOR TEST: RANDOM  
DONOR ID VERIFIED:

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE																								
			IN RANGE	OUT OF RANGE																											
COLLECTOR'S NAME NL COLL SITE PH# 310-216-1600 REPORT FOR: LA DWP - 50032408 DOT PROGRAM ADMINISTRATOR 111 N HOPE ST. ROOM 523 LOS ANGELES, CA 90012																															
Tests Ordered: 35304N (NIDA 5 PANEL W/NIT.)																															
Integrity Checks Acceptable Range																															
OXIDIZING ADULTERANTS Negative																															
DOT/SAMHSA Panel																															
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