



TOYO AUTOMOTIVE PARTS (USA), INC.

DRUG AND ALCOHOL USE POLICY

Toyo desires to provide a drug-free, healthful, and safe workplace for its associates. To promote this goal, associates are required to report to work in an appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on Toyo property and while conducting business-related activities off Toyo property, no associate may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs or controlled substances without a valid prescription. The legal use of prescribed or over-the-counter drugs on Toyo property is permitted on the job only if it does not impair an associate's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy can lead to disciplinary action, up to and including immediate termination of employment and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

Using or being under the influence of drugs and/ or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, job applicants and associates may be asked to provide body substance samples (urine, hair, and/or blood), at no cost to the associate, to determine the illegal or unauthorized use of drugs and/ or alcohol. Failure or refusal by an associate to cooperate with the program, to sign a release or any other required document, or to submit to such a test when requested can result in disciplinary action, up to and including termination of employment. Toyo employs the use of the following types of drug testing:

- Pre-employment testing – all applicants to whom a job offer has been extended will be subject to drug and alcohol screening tests as part of their pre-employment physical examination. Employment is contingent upon the successful completion of the drug and alcohol screening tests. The Company will deny employment to anyone who refuses to submit to drug and/ or alcohol screening and those whose test results reveal alcohol or controlled substances without a valid prescription.
- Accident or Incident – If (1) an associate is involved in an accident or incident which caused or could have caused personal injury to that associate or any other person, or serious property damage, (2) the injury was or could have been so serious as to result in lost time or the need for medical care by a physician, or (3) action or inaction by the associate contributed to the accident or injury, that associate will be tested.
- Reasonable Suspicion of Substance Abuse – The Company may test an associate on the basis of reasonable cause or suspicion that the associate may be a substance abuser or in violation of the Company's Substance Abuse Policy.
- Safety Sensitive Jobs – Any associate who works in a "safety sensitive" job where unsafe work practices pose a direct, clear, and immediate threat to the health or safety of the associate or others may be tested at least once annually at an unannounced time. No job will be placed on the "safety sensitive" list for purposes of this policy without the prior approval of the President or his designee.
- Testing After Referral For Assistance – An associate who has been referred by the Company for counseling or rehabilitation may be tested without cause and at any time

during their counseling or rehabilitation, if they are allowed to continue working during their counseling or rehabilitation, and for a period of up to sixty (60) months after referral.

- Return From Extended Absence/Disciplinary Suspension – An associate who returns from an absence of seven (7) consecutive calendar days or more, excluding regularly scheduled vacation, will be required to submit to a drug and alcohol screening prior to returning to work. Additionally, an associate returning from a disciplinary suspension will be required to undergo a screening as well.

Counseling and Rehabilitation:

The Company encourages all associates who suffer from substance abuse to voluntarily request counseling or rehabilitation before their substance abuse leads to disciplinary action or other work-related problems.

A request for referral to counseling or rehabilitation may be made by contacting any Company official. No associate will have his/her job security jeopardized by such a good faith request. However, any associate whose substance abuse is discovered through the testing procedures, described by this policy, shall not be eligible for referral and may be disciplined, up to and including immediate termination of employment.

Applicant/ Associate Statement

I hereby acknowledge that I have received a copy of the Toyo Automotive Parts (USA), Inc. Drug and Alcohol Use Policy. I agree to conform to the requirements of the Company's Drug and Alcohol Use Policy and I will cooperate fully in any investigation pursuant to this policy and procedure.

I hereby state my willingness to undergo drug and/ or alcohol screening tests in accordance with the Company's Drug and Alcohol Use Policy. I fully understand and accept the condition that any false answers or willful omissions made by me in connection with any examination required under the Company's Drug and Alcohol Use Policy will be sufficient grounds for my discharge, without regard for when the false answers or omissions are discovered.

I hereby authorize the release of the results of any drug and/ or alcohol screening tests conducted as part of the Company's Drug and Alcohol Use Policy to authorized management personnel of Toyo Automotive Parts (USA), Inc., and its designated medical and professional representatives.

I release Toyo Automotive Parts (USA), Inc., its associates, designated medical representative, and/ or testing facility from any claims or courses of action resulting from any physical examination, including a drug screening conducted in accordance with the Company's Drug and Alcohol Use Policy and any employment decisions resulting therefrom.

Applicant/ Associate Name (Print)

Last 4 numbers of Social Security No.

Applicant/ Associate Signature

Date