

NOTICE PUBLICATION/REGULATIONS SUBMISSION

Instructions on reverse

For use by Secretary of State only

NONSUBSTANTIVE

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2022-0503-03	N

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW
2022 MAY 3 PM 4:05

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY California Prison Industry Authority	AGENCY FILE NUMBER (if any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Inmate Worker Controlled Substances/Alcohol Use	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT
AMEND 8004.3
REPEAL
TITLE(S) 15

3. TYPE OF FILING
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____

7. CONTACT PERSON M. Doherty	TELEPHONE NUMBER 916-413-1140	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) moira.doherty@calpia.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

For use by Office of Administrative Law (OAL) only

SIGNATURE OF AGENCY HEAD OR DESIGNEE William Davidson	DATE 4/27/2022
TYPED NAME AND TITLE OF SIGNATORY William Davidson, CALPIA General Manager and PIB Chair Delegate	

§ 8004.3. ~~Inmate~~Incarcerated Individual Worker Controlled Substances/Alcohol Use.

(a) To request testing for the presence of controlled substances or for the use of alcohol by an ~~inmate~~incarcerated individual assigned to CALPIA, an Administrator/Lead Manager ~~must~~will contact the institution's Investigative Services Unit (ISU) Lieutenant in the following circumstances:

- (1) new hires pursuant to Section 8004.2(h); ~~or~~
- (2) random drug testing for the duration of incarcerated individual's work assignment; ~~or~~
- (3) ~~W~~hen there is reasonable suspicion to believe that an ~~inmate~~incarcerated individual is under the influence of a controlled substance or alcohol; or
- (4) in the event of an industrial accident involving the ~~inmate~~incarcerated individual.

(b) The following circumstances ~~must~~apply to determine if an ~~inmate~~incarcerated individual is unassigned from CALPIA when testing under subdivision (a):

(1) If a laboratory test is conducted, the suspected ~~inmate~~incarcerated individual must leave CALPIA until test results are complete. The laboratory test results will determine if the inmate may return to CALPIA.

(2) If an on-site testing of a urine sample is conducted and the results are positive, the ~~inmate~~incarcerated individual must leave CALPIA until further laboratory testing determines the following:

(A) Confirms the results of a positive, on-site, urine sample. Under this circumstance, ~~t~~he incarcerated individual ~~inmate~~ ~~must~~will be unassigned from CALPIA.

(B) Indicates on-site, urine sample is negative. Under this circumstance, ~~t~~he ~~inmate~~incarcerated individual may return to work at CALPIA.

(3) Any ~~inmate~~incarcerated individual refusing to submit to testing for controlled substance or alcohol pursuant to a direction by CALPIA or CDCR ~~must~~will be immediately unassigned from the CALPIA work/training program and treated as though a ~~positive~~-test result is positive~~was determined~~.

(c) Any CALPIA ~~inmate~~incarcerated individual found in violation of Title 15, CCR, Section 3016 and/or 3290(d) ~~must~~will be immediately removed from the CALPIA work/training program and required to meet minimum requirements pursuant to subsection 8004(b)(3) prior to reapplying for a CALPIA position. Any ~~inmate~~incarcerated individual found to be in violation of Title 15, CCR, Section 3016 and/or 3290(d) ~~must~~will be immediately removed from the CALPIA work/training program, and may be subject to the provisions of Title 15, CCR, Section 3315, Serious Rule Violations.

Authority: Sections 2801 and 2808, Penal Code.

Reference: Sections 2801, 2805 and 2808, Penal Code.