



## DRUG FREE WORKPLACE

Can you think of any reasons why your company might establish a drug free workplace environment? Reasons you may suggest could include lower call of rates, higher productivity, theft prevention, improved safety, and higher company morale. Long term safety and cost savings are also a benefit when your company implements the drug free workplace program.

Consider the following:

- 47 percent of serious accidents in the workplace and 40 percent of accidents resulting in fatalities have alcohol or drug involvement.
- Alcohol and drugs accounts for 38 to 50% of all workers compensation claims.
- Over 90% of alcoholics and 74% of drug addicts are employed.
- An employee with inappropriate substance use can cost their employer \$7,000 to \$25,000 per year.



Below are the major components to a drug free workplace program:

- 1) **A written substance policy.** This policy is extremely crucial to implement. It will explain all elements of the program and explain in detail the drug and alcohol testing rules and guidelines.
- 2) **Employee Awareness and Education.** Employees need to be educated on the company's drug free program. It is recommended that a certified drug free trainer perform the training.
- 3) **Supervisor Training.** Supervisors need to be educated on the company's drug free program. It is recommended that a certified drug free trainer perform the training.
- 4) **Drug and Alcohol Testing.** Employers must determine the types of drugs and alcohol testing to implement in their program. Options include pre-employment and post accident, random, follow-up to treatment, and reasonable suspicion.

### Work Site Review: Hazards/Safety Suggestions

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Company Name: \_\_\_\_\_ Work Site Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Foreman/Supervisor: \_\_\_\_\_

### Employee Signatures: (continue on back of sheet if necessary)

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(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

**Manager/Supervisor's Signature:** \_\_\_\_\_

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