



## DRUG FREE WORKPLACE

Train. Protect. Prevent.

According to recent research, approximately 70% of illegal drug users are present in the workplace. This presence can result in an unsafe workplace, unhealthy employees, less productivity, more frequent accidents, and less profitable businesses. Many business owners lose money every year because of drug use at the workplace. The best solution to this problem is education. By implementing a drug and alcohol free workplace policy and educating and training employees, any company can minimize health and safety risks and increase productivity at the workplace. OSHA supports drug and alcohol free workplace programs, especially at industrial workplaces, but does not have a standard. The OSHA general duty clause, however, applies to maintaining a drug free workplace. The drug testing program at any workplace must comply with all applicable Federal, State, and Local laws and regulations. A comprehensive drug free workplace program must include a written drug free workplace policy, employee education, supervisor training, employee assistance, and drug testing. A written drug free policy will serve as a reference for employees and will protect the company against claims by employees.

### A Drug Free Workplace Should Include:

Educating employees and taking a more active approach to communicating the policy.

Orientation sessions, written materials, and audio/video training.

Interactive forums.

Informational materials displays.

Random drug testing while still respecting an employee's privacy.

Test must be confidential.

Reasonably suspected employees will be tested.

Any employee involved in an accident will be tested.

All employees must read and understand the company's drug free policy.

New employees must be drug tested prior to beginning work.

If an employee needs rehabilitation, the company may assist monetarily.

Educating and training employees will be very beneficial to the safety and health of employees as well as the productivity of the company.

### 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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