proActive Safety Services

Weekly Safety Meeting

Train. Protect. Prevent.

ALCOHOL AND THE JOB

OSHA does not have any specific regulations for alcohol and drug abuse at the workplace, but instead relies on other agencies, like the Department of Transportation, Alcohol Abuse Regulation, or the employer, to determine the alcohol policy for each company. The general duty clause of the OSHA act requires that all employers maintain a safe work environment for their employees. This includes the haz-ards presented by alcohol and drug abuse at the workplace. According to OSHA, 10 - 20% of U.S. workers who die on the job test positive for alcohol or drugs.

Alcohol abuse also costs the workplace socially and economically. Use of excessive alcohol can con-tribute to social problems as well as affect health and cause weight gain. Poor job performance, acci-dents, injuries, and disability resulting from alcohol and drug use cost billions of dollars around the world each year. Employers' alcohol policies for the workplace can improve workers' health, safety, and productivity.

Actions to Reduce Drug or Alcohol Abuse at the Workplace:

- Have an alcohol and drug policy in place for your company employees as well as contractors.
- Implement and conduct a drug and alcohol testing program.
- Encourage employees to be concerned about the safe environment at the workplace.
- If an employee is seeking help, always support him/her.
- Implement and use an employee assistance program.
- Observe employee work performance and behavior (smell of alcohol, mood change, sleeping on work time, bloodshot eyes).
- Report bad or risky behaviors to a supervisor.
- Document negative changes.
- Take necessary corrective action.

Work Site Review: **Hazards/Safety Suggestions**

_____

_____

_____

Company Name: _____ Work Site Location: _____

Date: _____ Start Time: _____Finish Time: _____ Foreman/Supervisor: _____

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

_____ _____ _____

_____ _____ _____

(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: _____

Disclaimer: The information and suggestions contained in these safety talks are believed to be reliable. However, the authors of the topics and the owners of this web site accept no legal responsibility for the correctness, sufficiency, or completeness of such information or suggestions contained within these topics. These guidelines do not super cede local, state, or federal regulations and must not be construed as a substitute for, or legal interpretation of, any OSHA regulations

4840 Business Center Way Cincinnati, OH 45246 phone 877.209.9648 fax 513.297.2347 www.pasafety.com