

Drug and Alcohol Policy

Overview

All employees should have a vital interest in maintaining a safe, healthy, and efficient work environment. Employees under the influence of drugs or alcohol on the job poses serious safety and health risks to the user and to all those who work with the user. The use, sale, purchase, transfer, or possession of an illegal drug in the workplace, and the use, possession, or being under the influence of alcohol also poses unacceptable risks for safe, healthy, and efficient operations.

MEM strongly urges you have a written drug and alcohol policy as it is easily the best way to prove that a policy exists. A well-written policy can help protect you from litigation and, in the event of litigation, may serve as a defense. If you have a written policy that is ill-conceived or poorly enforced, or do not have a written policy at all, you may be more susceptible to claims of personal injury to intoxicated employees, their coworkers and the public, claims of negligent hiring or retention, wrongful termination, disability discrimination, and claims from injured third parties. A well-written policy may serve as a defense to these claims.

MEM highly recommends that you review your program with competent labor and employment law counsel prior to implementing any substance abuse policy or drug-testing program in the workplace.

This sample policy is meant only as a starting point. The documentation and sample policy MEM provides are for informational purposes only. The sample policy is not meant to be used without consultation with your employment law attorney. These policies need to be tailored by your attorney to fit your situation. MEM assumes no liability for the use of sufficiency of the information provided. In addition, please note the testing facility that you designate may require individuals to sign additional consent forms authorizing testing and/or release of test results.

There are additional resources available to help companies develop drug-free workplace programs, including the Drug-Free Workplace Policy provided by the United States Drug Enforcement Administration on the DEA website. In addition, the National Institute on Drug Abuse can provide information on creating and implementing a prevention and treatment program for your employees by calling their Center for Substance Abuse Prevention Workplace Helpline at 1.800.843.4971. Your initial cost in establishing a drug-free workplace may be low if readily available resources are used. Again, you should always engage appropriate legal counsel to review any and all personnel policies prior to their implementation.

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Drug and Alcohol Policy

Our company, _____, is a drug and alcohol-free workplace. The use of or being under the influence of illegal drugs and/or alcohol is inconsistent with the behavior expected of employees. The use of illegal drugs and alcohol and misuse of prescribed and over the counter drugs subjects employees and visitors to unacceptable safety risks that undermine the our ability to operate safely, effectively and efficiently.

The use, possession, distribution or sale of controlled substances such as drugs or alcohol, being under the influence of such controlled substances (drugs and alcohol) or testing positive for alcohol or any drug including, but not limited to, inactive components or metabolites associated with the use of such drugs is strictly prohibited while on duty, while on our premises or work sites or while operating our equipment or vehicles.

We participate in post-offer, random, suspicion-based and post-accident drug and alcohol testing. If injured on the job you may be expected to participate in a drug and alcohol test immediately following the injury. Any employee testing positive for illegal drugs will have the opportunity to confirm the results of the positive test by having the positive sample retested by a certified laboratory of the employee's choosing and at their own expense.

I, the undersigned, have read and understand and agree to comply with this policy.

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYEE PRINTED NAME: _____

WITNESS SIGNATURE: _____ DATE: _____

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Employee Consent Form

I hereby acknowledge receipt of the Drug-Free Workplace Policy for our company, _____. I have read and understand this policy. I understand that the refusal to submit to any drug testing required by this policy or a positive test result is grounds for disciplinary action up to and including termination. Furthermore, I authorize the release of the test results to my employer, and/or on post-accident tests, the company's workers compensation insurance carrier and understand that refusal to release these results is grounds for disciplinary action up to and including termination. I understand that if I test positive for alcohol or drugs including, but not limited to, inactive components or metabolites associated with the use of such drugs following an on the job accident, I may be ineligible for workers compensation benefits or have benefits reduced as allowed by state law.

I recognize our policy on drugs and alcohol does not constitute an expressed or implied contract of employment.

I have read and understand this policy and will abide by it as a condition of my employment.

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYEE PRINTED NAME: _____

WITNESS SIGNATURE: _____ DATE: _____

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