

Alcohol and Drug Policy - Sample #1

NOTE: This form is provided as a guide. It is without legal review. NAMTA suggests that any business utilizing any or all of this form do so after confirming that the information and/or questions on this form are appropriate according to the government bodies that have jurisdiction over your business, along with being aware of all state and federal laws regulating at what point in the interview/hiring process a form such as this can be used, and what questions are allowed.

(Company) _____ is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

We reserve the right to inspect our premises for these substances. We reserve the right to conduct alcohol and drug tests at any time. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

DEFINITIONS UNDER THIS POLICY

1. A “**substance**” includes alcohol, illegal drugs, inhalants, and prescription and over-the counter drugs.
2. An “**illegal drug**” is any substance that is illegal to use, possess, sell, or transfer.
3. “**Drug paraphernalia**” are any items used or intended for use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.
4. A “**prescription drug**” is any substance prescribed for an individual by a licensed health care provider.
5. An “**inhalant**” is any substance that produces mind-altering effects when inhaled.
6. You are “**under the influence**” if any substance:
 - impairs your behavior or your ability to work safely and productively
 - results in a physical or mental condition that creates a risk to your own safety, the safety of others, or company property
 - is shown to be present in your body, by laboratory evidence, in more than an identifiable trace
7. “**Company premises**” include our buildings, grounds, parking lots, and company-provided vehicles

COMPANY RULES

1. You must follow these rules while you are on company premises and while you conduct company business. The rules apply any place you conduct company business, including a company vehicle or your own vehicle.
2. You may not use, possess, or be under the influence of alcohol on company premises. If management approves, you may drink moderately at certain off-premises, business-related meetings or social gatherings.
3. You may not use, possess, or be under the influence of illegal drugs.
4. You may not sell, buy, transfer, or distribute any drugs. It is against the law to do so, and we will report such actions to the authorities.
5. You may not use, possess, sell, buy, transfer, or distribute drug paraphernalia.
6. You may not use or be under the influence of inhalants.

7. You must follow these rules if you take prescription or over-the-counter drugs on the job:
- you may use a prescription drug only if a licensed health care provider prescribed it for you within the last year
 - you may use prescription or over-the-counter drugs only if they do not generally affect your ability to work safely
 - you must follow directions, including dosage limits and usage cautions
 - you must keep these drugs in their original containers or bring only a single-day supply

The company may consult with a doctor to determine if a prescription or over-the-counter drug may create a risk if you use it on the job. The company may change your work duties or restrict you from working while you are using a prescription or over-the-counter drug that creates such a risk.

8. You may not use machinery while taking prescription or over-the-counter drugs that impair your ability to work safely. This includes vehicles.

TESTING

Testing may include urine, blood, or breathalyzer tests. Before testing, you will have the chance to explain the use of any drugs. We will follow laws for keeping test results confidential.

AGREEMENT TO FOLLOW POLICY

I have received and read a copy of the drug and alcohol abuse policy for

Company Name

I agree to follow the rules in the policy.

Employee Signature

Date

Employee Signature

Date