



Please complete this form and return it with requested information, including required attachments as directed by BWC.

Employer information section containing fields for Name of employer and DBA, Federal Tax ID number, BWC policy number, Address, City, State, ZIP code, Telephone number, Fax number, and Email address.

Contact information section containing fields for Contact name, Contact title, Contact telephone number, Contact email, and Contact fax number.

Program information section containing current program level (Comparable), instructions, program selection options (Advanced, Basic, Comparable, etc.), and questions regarding state public improvement/construction jobs and employee education.

Program information

- c. If your company was required to provide employee substance abuse education, indicate below the name(s) of the qualified substance professional(s) who provided drug-free substance education sessions to your state construction work force (employees AND supervisors) for this policy year, credentials and the dates (month/day/year) on which these sessions occurred.

Name(s)/credentials of vendors who provided employee education sessions this policy year: Month/Day/Year held

Cincinnati Recovery Services, Sam Pathy 9/24/2014

LICDC

4. Supervisor training

- a. Number of state construction supervisors who were required to receive one time supervisor training this program year: _____
- b. Our company has ensured that each supervisor who provides direct supervision on state of Ohio public improvement/construction projects has received at least one hour of supervisor skill-building training on required substance abuse topics from a qualified substance professional or through a process approved by BWC, or our company had at least one state of Ohio public improvement/construction project but did not provide direct supervision of our company's labor force on the state project. Yes No
- c. If your company was required to provide supervisor skill-building training, indicate below the name(s) of the qualified substance professional(s) who provided supervisor training to your state construction work force for this program year, their credentials and the dates (month/day/year) on which these sessions occurred.

Name(s)/credentials of vendors who provided supervisory training sessions this policy year: Month/Day/Year held

Cincinnati Recovery Services, Sam Pathy 9/24/2014

LICDC

5. Alcohol and other drug testing

- a. Our company has initiated and is maintaining the full range of substance testing in compliance with comparable program requirements. Yes No
- b. Below, record the total number of alcohol or drug tests by type of test (pre-employment, etc.). Then, for each substance (alcohol and each listed drug), record number of positives under each type of test.
- c. If your company had any positive test results, please indicate below by gender and age range the number of tests for each category.

Number of positive tests by age ranges and gender

	Male	Female	Total
i. Under 21	<u>1</u>	<u>1</u>	<u>2</u>
ii. 22-30	<u>2</u>		<u>2</u>
iii. 31-40		<u>1</u>	<u>1</u>
iv. 41 and over			

Number of positive tests by type of substance found

	Total number of tests	Alcohol	Amphetamines	Cocaine	Ecstasy	Marijuana	Opiates	PCP/Angel Dust	Barbiturates	Benzodiazepines	Methadone	Oxycodone	Propoxyphene	Other
Pre-employment/new hire	12			1		1								
Reasonable suspicion	4						2							
Post accident	3	1												
Return to duty	1													
Follow-up	1													
Random	8													

Program information

- d. Our company has contracted to use services of a collection site, which follows the specimen collection and testing protocols that meet federal testing requirements, including analysis of urine specimens by a laboratory certified by the Substance Abuse and Mental Health Services Administration (SAMHSA). Yes No
- e. Complete the information below. (Please do not leave any of these blank.)
- i. Name of collection site or consortium: Epic, LLC
 - ii. Name of contact person at collection site or consortium: Pete Puchien
 - iii. Phone number of collection site or consortium: 513-111-0000
 - iv. Name of certified medical review officer used: Kim Johnson, M.D.
 - v. SAMHSA-certified laboratory used for urine analysis: Dyna Lab, Inc.
- f. Our company has ensured at least 5-percent random drug testing occurs for our state construction workers and supervisors while they are providing or supervising labor on a State of Ohio construction project. Yes No

6. Employee assistance

- a. Our company has a list of local assistance resources to provide to an employee who tests positive for alcohol or other drugs or who comes forward voluntarily to request help. Yes No
- b. List one company or individual that offers employee assistance services from the list your company has compiled.
- i. Hamilton County Recovery Services

Certification Statement

Your signature below, as the designated representative for this employer, signifies you have submitted a complete and accurate report. If your company fails to submit a fully completed Self-Assessment Progress Report and required attachments by the required deadline or has failed to meet all program requirements, BWC will remove your company from its comparable drug-free program. In addition, BWC will remove you from the state construction database, which means that you will no longer be eligible to bid or work on state construction projects. BWC may conduct an audit of any participating employer's program. Your signature constitutes acknowledgment of the possibility of BWC auditing your company and your willingness to cooperate with such an audit as a condition of program participation.

I hereby certify my organization has implemented all components of the comparable program in accordance with, at minimum, specified requirements. I understand that my signature constitutes my company's certification of compliance with BWC's program requirements and – if this Self-Assessment Progress Report and/or any attachments are not accurate – constitutes a fraudulent representation on the part of the employer and may subject me to civil and criminal penalties. It may also result in the taking back of bonus and removal from current and/or future program participation.

I hereby certify my organization is applying to implement a DFSP pursuant to Rule 4123-17-58 of the Ohio Administrative Code. I also certify my organization is willing to meet, at minimum, the requirements associated with the level of program for which I have applied (Advanced, Basic or Comparable). This includes timely submission of a fully completed annual report, which BWC must receive by the deadline date as specified by rule. Also, I certify this information is accurate and, if not, may subject the employer and me to civil and criminal penalties.

Printed name of designated employer representative

Title

Charles Franklin

Signature of designated employer representative

3/24/2014

Date of submission

Checklist of required documents for submission to BWC in addition to this report

- Copy of written DFSP policy if not previously submitted
- Invoice for employee education
- Sign-in sheet for employee education
- Invoice for supervisor training
- Sign-in sheet for supervisor training
- Invoice for collection/testing
- Explanation for any "No" responses in completing the Annual Report