



Instructions

- Please print or type.
For new program/levels, complete this form and return to BWC by Sept. 30, for the program year beginning July 1 or March 31 for the program year beginning Jan. 1. This form constitutes certification that your organization has fully implemented its Drug-Free Workplace (DFWP) Program in accordance with the requirements specified in 4123-17-58 of the Ohio Administrative Code.
Please check the appropriate spaces below to indicate that you have implemented each component of the program level for which you made application and have received approval for a discount.
Please return this completed form, your written policy and the Release of Information Drug-Free Workplace Program on the reverse side of this form to your BWC account representative or to Attention: Risk Special Programs, 22nd Floor, Ohio Bureau of Workers' Compensation, 30 W. Spring St., Columbus, OH 43215-2256.

Form with fields: Name of employer and DBA, Employer BWC policy number, Address, City, State, Nine-digit ZIP code, Federal Tax ID number, Fax number, Telephone number.

- Policy: My organization has developed a DFWP written policy that is attached/enclosed for BWC's review. Name of program administrator:
Employee education: My organization has initiated and will maintain an employee education component that meets DFWP program requirements as specified.
Supervisor training: My organization has initiated and will maintain a supervisor training program that meets the DFWP requirements as specified.
Drug and alcohol testing: My organization has begun or prepared for drug/alcohol testing for employees for the categories below. Date testing began for this program:
Pre-employment/New hire, Follow-up to assessment/treatment, Reasonable suspicion, Random, Post accident, Other (specify)
DHHS-certified drug testing lab and medical review officer: My organization has contracted with a DHHS-certified drug testing laboratory, collection site and a medical review officer to conduct DFWP activities as required.
Employee assistance: My organization offers employee assistance services that meet the DFWP requirements as specified.
10-Step Business Plan: My organization has begun to implement the five or 10 steps of the 10-Step Business Plan as required for my approved program level.

I hereby certify my organization has implemented all components of its DFWP by (month and day), (year), in accordance with, at minimum, the requirements specified for the level of program approved by BWC and for which a discount will be received. I understand that this constitutes my organization's certification of program implementation that, if not accurate, is a fraudulent representation which may lead to legal action under the applicable fraud statutes.

Signature lines for designated employer representative, witness, and official title, with a date signed line.

## Release of Information Drug-Free Workplace Program

**Instructions**

- Return this completed form along with the completed Certification of Implementation Drug-Free Workplace Program on the reverse side to your BWC account representative or to Attention: Risk Special Programs, 22<sup>nd</sup> Floor, Ohio Bureau of Workers' Compensation, 30 W. Spring St., Columbus, OH 43215-2256.

Name of employer and DBA:		Employer BWC policy number	
Address	City	State	Nine-digit ZIP code
Federal Tax ID number	Fax number (    )	Telephone number (    )	

By the signature of the chief executive officer of the employer, the employer agrees BWC is authorized to receive information from drug testing laboratories, collectors and medical review officers whom the employer has used to provide testing and review services as part of the employer's DFWP program. Signing this release also authorizes BWC to obtain information from the employee assistance plan/program provider under the employer's DFWP. Information obtained by BWC pursuant to this release is solely for purposes of compliance monitoring, statistical collection and cost-benefit analysis.

Name designated employer representative (please print)	<div style="text-align: center; font-size: 2em; font-weight: bold; margin-bottom: 5px;">X</div> Signature	Date signed
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