



Please complete this form and return it and requested information, including required attachments to BWC at the fax number you received.

Employer name: _____ Policy number: _____

Address: _____

Current program level: _____ Federal ID: _____

Do you have access to internet services? Yes No

Send correspondence to me at the following e-mail address: _____

This form is the annual self-assessment report of progress due by the last business day of September for the January program year or by the last business day of March for the July program year to remain in a comparable drug-free program. Comparable is a category for state construction contractors and all levels of subcontractors. Participants receive no discount from BWC but, if they meet program requirements as set by Section 153.03 of the Revised Code, are eligible to bid and provide labor services in relationship to State of Ohio public improvement/construction contracts. Please fill in the requested information below with the understanding you must submit all required attachments and answer all required questions in order to document compliance and retain approved status in the state construction database. If you check the No box in response to any of the Yes/No questions, you must provide an explanation since each of these questions involves a requirement to remain in approved status for the comparable program.

Program information

Check the program/level you wish to participate in for the next program year (check one only).

- Advanced
Basic
Comparable (state construction only)
I do not wish to participate next program year.

Our company has had a state public improvement/construction job during this program year. Yes No

If yes, complete the rest of this form. If no, sign, date and submit this form.

If BWC determines you did, in fact, have a project that required a comparable program, BWC will disqualify you and may consider your company's certifying the accuracy of information on this report to constitute a fraudulent representation, with notification to appropriate authorities.

Answer each statement on this report by checking the appropriate Yes/No box and/or by providing requested information. All No answers require an explanation.

1. General information

Number of employees (average number of state construction workers/supervisors for this program year): _____

Number of new hires (state construction workers/supervisors ONLY) during this program year: _____

2. Written substance policy

- a. Our company has developed a written policy that complies with the requirements of the comparable program that we are participating in for this program year. Yes No
b. I have submitted a copy of this policy previously or have attached one to this report. Yes No

Required attachment: Copy of written substance policy (to be submitted one time only)

If your answer to any of the following Yes/No questions is No, you must provide an explanation to BWC.

3. Employee education

- a. Our company has ensured that each employee and supervisor who works/supervises on state of Ohio public improvement/construction projects has received at least one hour of education on substance abuse from a qualified substance professional or through a process approved by BWC prior to working on a state construction project. Yes No
b. 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

Required attachments: Copy of an invoice from a qualified substance professional for employee education services and one sign-in sheet.

Program information

c. Our company has provided the required employee education invoice and one sign-in sheet Yes No

4. Supervisor training

a. 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

b. 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 workforce (employees AND supervisors) for this program year, their 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

Required attachments: Copy of an invoice from a qualified substance professional for supervisor training and one sign-in sheet

c. Our company has provided the required supervisor training invoice and one sign-in sheet. Yes No

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	_____	_____	_____
ii. 22-30	_____	_____	_____
iii. 31-40	_____	_____	_____
iv. 41 and over	_____	_____	_____

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

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														
Reasonable suspicion														
Post accident														
Return to duty														
Follow-up														
Random														

Program information

- e. Complete the information below. (Please do not leave any of these blank.)
- i. Name of collection site or consortium: _____
 - ii. Name of contact person at collection site or consortium: _____
 - iii. Phone number of collection site or consortium: _____
 - iv. Name of certified medical review officer used: _____
 - v. SAMHSA-certified laboratory used for urine analysis: _____
- f. Our company has insured at least 15-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

Required attachment: Copy of an invoice from a collection site for substance testing services

- g. Our company has provided the required collection/testing invoice. Yes No

6. Employee assistance

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

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 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 me subject to civil and criminal penalties. It may also result in the taking back of discounts 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 or be post marked by that date as specified by rule. When failing to fully implement the DFSP or meet the specified requirements, I agree to promptly repay to the BWC any DFSP discount received. Also, I certify this information is accurate and, if not, may subject the employer applicant and myself to civil and criminal penalties.

Signature of designated employer representative

Date of submission