



Bureau of Workers' Compensation

Drug-Free Self-Assessment Progress Report

Employer Programs
30 W. Spring St., 22nd floor
Columbus, OH 43215-2256

Please submit this form and attachments by fax. Please return the completed form and requested information, including required attachments to BWC at the following fax number: 614-621-1339.

Employer name: _____ Policy number: _____

Address: _____

Current program level: _____ Federal ID: _____

This form is the annual report of progress due by the nine-month mark of each program year (by Sept. 30 for the January program year and by March 31 for the July program year). Please fill in the requested information below with the understanding you must submit **all** attachments. If you check the **No** box in response to any of the Yes/No questions, you need to attach an explanation since each of these questions involves a requirement to remain in BWC's Drug-Free Workplace Program (DFWP) or Drug-Free EZ (DF-EZ) programs.

Contact person/phone

Printed name

()
Phone number

Program Information

*Level 0/comparable means comparable to Level 1, but is a category for state construction contractors only, and participants receive no discount from BWC.

Check the requested level for the next program period (check one only).

- *Level 0/comparable
- Level 1
- Level 2
- Level 3

Please answer each statement below and on the reverse side by checking the appropriate Yes/No box or providing requested information, as well as checking the box next to each required attachment to show you've included it/them.

1. Our company has developed a written substance policy that complies with BWC's DFWP or DF-EZ requirements for my current program level. Yes No

Required attachment: Copy of written substance policy [to be submitted your first program year only] Yes No

2. Our company has initiated and is maintaining employee education and supervisor training that complies with program requirements. Yes No

Required attachments: Copy of a sign-in sheet for one education session and one training session Yes No

One invoice from an education provider and one from a training provider Yes No

Below, please include the names of drug-free education/training service providers used this program year.

Name(s) of those who provided education/training and company name for each	Date(s) held
_____	_____
_____	_____
_____	_____

3. My company has initiated and is maintaining the full range of substance testing in compliance with our program level. Yes No

Number of employees (average number for the program year): _____

Number of new hires during this program year: _____

Program Information

Employer name: _____ Policy number: _____

Check each type of testing done.

- Pre-employment and/or new hire drug testing
- Reasonable suspicion drug/alcohol testing
- Post-accident drug/alcohol testing
- Return-to-duty, other follow-up drug/alcohol testing
- Random drug testing
(Level 2, Level 3, and/or state construction if required)

Number of tests		
Positive tests	Negative tests	Total tests
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My company is using the collection/testing services of the following testing providers:

_____ (name of collection site or consortium);
 _____ (name of contact person at collection site or consortium);
 _____ (phone number of collection site);
 _____ (name of certified medical review officer used);
 _____ (SAMHSA-certified laboratory used for urine analysis).

Required attachments: Copy of an invoice for testing from a collection site Yes No

4. Our company provides employee assistance in accordance with the DFWP or DF-EZ program level in which we are participating. Yes No
5. (Completed by level 2 or level 3 employers only): Our company is implementing the appropriate steps of BWC's 10-Step Business Plan. Yes No

Check each step of BWC's 10-Step Business Plan that your company has implemented.

- Step 1 Step 2 Step 3 Step 4 Step 5
 Step 6 Step 7 Step 8 Step 9 Step 10

Required attachments: Copy of safety policy required for Step One, signed by CEO Yes No

Your signature below, as the designated employer 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, the bureau will remove it from BWC's DFWP or DF-EZ.

In addition, if you are a state construction contractor, BWC will remove you from its database. 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 you. It also indicates your willingness to cooperate with such an audit as a condition of program participation.

I hereby certify my organization has implemented all components of DFWP or DF-EZ in accordance with, at minimum, the requirements specified for our approved program level. 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 – that this is a fraudulent representation that may lead to legal action under the applicable fraud statutes. It may also result in the taking back of discounts and removal from current and/or future program participation.

Signature of designated management representative submitting report Date of submission

Printed name of designated management representative signing above Report due date