

ATTACHMENT NO. 11

Company Name

ALCOHOL AND DRUG FREE WORKPLACE ACKNOWLEDGMENT OF POLICY

_____ (name of Company) is committed to maintaining a safe and healthy work environment free from the influence of drugs and alcohol. Compliance with the Company's drug and alcohol abuse policy is a condition of employment.

The Company strictly prohibits the use, possession (including storage in any work clothing, tool kits, work equipment, or other repository) manufacture, distribution, or sale of illegal drugs, drug paraphernalia, controlled substances, or alcohol on Company premises, or at a project work site, on Company business or in Company vehicles. The Company prohibits any activity that compromises the integrity or accuracy of the Company's drug and alcohol testing programs. The Company will take disciplinary action against employees who fail or refuse to abide by the Company's drug and alcohol abuse policy, which could include termination of employment.

Company requires all applicants who have received offers of employment to pass a pre-employment drug test. The Company may also require drug and alcohol testing when the Company suspects that an employee's work performance or on-the-job behavior may have been affected in any way by drugs or alcohol, or when the Company determines that an employee may have contributed to an accident that involved a fatality, serious bodily injury, or substantial damage to property. Employees may also have to submit to drug and alcohol testing as a prerequisite for doing work performed at customer sites. Any positive drug or alcohol test result is a violation of the Company's drug and alcohol abuse policy.

Employees are required to notify Company, in writing, not later than _____ (____) calendar days following criminal conviction for the use of alcohol or a controlled substance occurring in the workplace, or at a project work site, or while performing official duties on behalf of the Company.

Questions regarding this policy should be directed to: _____ (Company human resources director or Company manager) at telephone number (____) ____-____ or email to _____.

(Company Name)

Date: _____

By _____
(Signature of Company official with legal binding authority)

(Print Name and Title legibly)