**1. The content of the written policy DFWP was understood.**

**2. A copy of the DFWP was given to employee.**

**3. A model for alcohol and drugs were explained.**

**4. The signs and symptoms of drug and alcohol abuse.**

**5. Effects and dangers of commonly used drugs.**

**6. Shared the contact information for helping resources for you and your family.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the Drug Free Workplace Program

 Print Name

and understand my responsibilities under this program.

|  |  |  |
| --- | --- | --- |
|  | Date: |  |
| *Signature* |  |  |

|  |  |  |
| --- | --- | --- |
|  | Date: |  |
| *Witness* |  |  |

| **Revision / Review History** |
| --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 12/12/2004 | Safety Director | Annual review |
| 1 | 12/3/2005 | Safety Director | Annual review |
| 2 | 6/6/2006 | Safety Director | Changes |
| 2 | 9/6/2007 | Safety Director | Annual review |
| 3 | 11/14/2007 | Safety Director | Changes |
| 3 | 11/14/2009 | Safety Director | Annual review |
| 3 | 7/13/2016 | Safety Director | Annual review |
| 3 | 6/30/2017 | Safety Director | Annual review |
| 10 | 5/7/2018 | Safety Director | Annual review |
| 11 | 6/7/2019 | Safety Director | Annual review |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |