Drug-Free Workplace Drug Testing Program Application GUARD Insurance Group CONNECTICUT

EMPLOYER'S CERTIFICATION OF DRUG AND ALCOHOL FREE WORKPLACE PROGRAM

Name of Employer:		Insurance Policy #:		
Address:				
Contact Person:				
Date 5% Rate Credit Received:			ug Testing Began:	
TESTING:				
	types of drug tests are conducted: (C	heck all that apply)		
Pos	st Job Offer	Post Accident		
Rea	asonable Suspicion	Random (25% of	annually)	
Fol	ow-up Employee Assistance Programs	\$		
All	All employees working in safety-sensitive positions (specify)			
Oth	er			
	EN TO EMPLOYEES: (Check all that	apply)		
	Each employee was given a copy of the Company's drug-free workplace policy.			
	Notice was given to job applicants prior to testing.			
	Each employee was given general advance notice or commencement of drug testing.			
24				
EDUCATION	<u>l:</u>			
Employee Assistance Programs				
Edu	cation Seminar for employees			
DRUG TEST	ING COLLECTION SITE:			
Name:				
			Zip:	
	THAT THE INFORMATION CONTAIN NY'S DRUG AND ALCOHOL FREE V RULES.			

Officer/Owner Signature

ATTACH SUBSTANCE ABUSE POLICY TO SIGNED CERTIFICATION FORM

Officer/Owner Name

Date