

Substance Abuse

**NORTH DAKOTA SAFETY COUNCIL, INC. - PROGRAM EVALUATION FORM**

CONTRACTOR NAME: \_\_\_\_\_

DATE: 9/9/2019

**Substance Abuse Score**

#REF!

ITEM NO.	CITATION REFERENCE	DESCRIPTION	Y	N	COMMENTS
<b>SUBSTANCE ABUSE</b>					
1	ECCS requirement	Does program address the use of Illicit Drugs?			The written program shall include what constitutes an Illicit Drug. This statement shall address illegal drugs and legal drugs that produce a mind altering effect.
<b>Comments / Location:</b>					
2	ECCS requirement	Does program address the use of Over-the-Counter Drugs and Prescription Drugs?			The written program shall prohibit the use of any Over-the-Counter drugs in amounts higher than directed on the label unless directed by a physician. Employees may have in their possession only prescribed drugs which were ordered for them by their physician.
<b>Comments / Location:</b>					
3	ECCS requirement	Does program state when employees must inform their supervisor of the use of over-the-counter or prescription drugs?			The written program shall inform employees that they must inform their supervisor when they take an over-the-counter or prescription drug that could affect their or another person's safety on the job.
<b>Comments / Location:</b>					
4	ECCS requirement	Does program address what disciplinary procedures will be applied to violations of the policy?			The written program may reference their company's disciplinary program when addressing this. The reference must be in writing.
<b>Comments / Location:</b>					
5	ECCS requirement	Does program address training for supervisory personnel to recognize substance abuse?			The written programs shall lay out what training supervisors must receive so that they may recognize and report substance abuse.
<b>Comments / Location:</b>					

EVALUATED BY: \_\_\_\_\_

REVISED 01/11/2015

**NDSC**

**SUBSTANCE ABUSE SCORING**

ITEM #	NDSC SCORE
1	0
2	0
3	0
4	0
5	0

## Substance Abuse

6	#REF!
7	#REF!
8	#REF!
<b>POSSIBLE:</b>	<b>#REF!</b>
<b>8</b>	<b>#REF!</b>

Your score as reported to our clients.

**Auditor Comments:**

- Item 1: \_\_\_\_\_
- Item 2: \_\_\_\_\_
- Item 3: \_\_\_\_\_
- Item 4: \_\_\_\_\_
- Item 5: \_\_\_\_\_
- Item 6: \_\_\_\_\_
- Item 7: \_\_\_\_\_
- Item 8: \_\_\_\_\_

**Audit Reference:**



Disclaimer: The information contained in these forms, questionnaire and monitoring procedures is provided as written guidance to assist contractors in complying with the OSHA regulations and/or operator requirements. NDSC, the operators who participated in the development of this program and their employees disclaim all warranties both express and implied. The information presented here will give contractors a reference document, which should be used as guidance or as a "first step" towards getting your company into compliance. This monitoring program is based on sound safety and environmental concerns. We urge contractors to view their OSHA and DOT compliance efforts as a way to make their workplace safer for their employees.

Each contractor is still responsible for full compliance of all applicable State and Federal regulations.