

DRUG-FREE WORKPLACE POLICY VERIFICATION



If your company does not have a drug-free workplace policy in place, we recommend establishing one. Get started by checking out our [sample drug-free workplace policy](#), then complete and submit this form.

Please complete and submit to MEM.

_____ recognizes that banning drugs from the workplace is necessary to preventing injuries and loss of life. We care about our employees and want to make sure that no one is injured or killed in a tragedy that was contributed to by drug use.

The submission of this document verifies that we have a drug-free workplace policy in place. We will take the following steps to communicate this policy to employees:

- Post the policy.
- Include post-incident testing within 24 hours for injuries that require medical attention.
- Communicate consequences for policy violation, including a possible reduction or elimination of injury benefits.
- Ask employees to acknowledge the policy with a signature that we keep on file.

MEM Policy Number: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

Completed by: _____

Title of Individual Completing Form: _____

Phone No: _____ E-Mail: _____

PROMOTIONAL MATERIALS AVAILABLE

Let MEM help you promote a drug-free workplace. The following free materials are available. Simply tell us what you need.

- Drugs Don't Work Here! posters for display in your workplace. Quantity:
- Drugs Don't Work Here! paycheck stuffers to distribute. Quantity:
- Drugs Don't Work Here!** window decals for display in your office locations. Quantity:

You may receive pre-populated email after submitting your form. If so, you must click **SEND** to complete your submission. If your form will not submit, simply save it and email it to policies@mem-ins.com.

