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[Company/Organization Name]

Effective Date: [Date]

**Drug Testing Policy**

**1. Purpose:**
The purpose of this policy is to maintain a safe and drug-free workplace at [Company Name]. This policy outlines the company's stance on drug testing for current and prospective employees and establishes procedures for conducting drug tests.

**2. Scope:**
This policy applies to all current and prospective employees of [Company Name]. All employees are expected to comply with this policy as a condition of their employment.

**3. Prohibited Substances:**
The use, possession, sale, distribution, or manufacture of illegal drugs and controlled substances is strictly prohibited on [Company Name] premises or during work-related activities. This policy also applies to the misuse or abuse of prescription drugs or any other substances that may impair an employee's ability to perform their duties safely and effectively.

**4. Drug Testing Types:**
[Company Name] may conduct different types of drug tests, including but not limited to pre-employment drug testing, random drug testing, reasonable suspicion drug testing, post-accident drug testing, and periodic or follow-up drug testing.

**5. Pre-Employment Drug Testing:**
Job applicants who receive a conditional offer of employment may be required to undergo a drug test as part of the pre-employment screening process. A negative drug test result is a condition of final employment.

**6. Random Drug Testing:**
To maintain a drug-free workplace, [Company Name] may conduct random drug testing on current employees. Employees selected for random drug testing will be notified in a nondiscriminatory manner, and the testing process will be confidential.

**7. Reasonable Suspicion Drug Testing:**
If there is a reasonable suspicion that an employee is using drugs or is impaired while at work, [Company Name] may require the employee to undergo drug testing. Reasonable suspicion may be based on observed behavior, physical symptoms, or reports from credible sources.

**8. Post-Accident Drug Testing:**
Employees involved in accidents or incidents that result in injuries to themselves or others or cause significant property damage may be required to undergo drug testing. This testing is conducted to determine if drug use played a role in the accident.

**9. Periodic or Follow-Up Drug Testing:**
Employees who have previously tested positive for drugs or have undergone drug rehabilitation may be subject to periodic or follow-up drug testing as a condition of continued employment.

**10. Confidentiality and Privacy:**
All drug testing processes and results will be kept confidential to the extent allowed by law. Access to drug test results will be limited to authorized personnel involved in the testing process.

**11. Refusal to Test:**
Refusing to undergo drug testing when required may result in disciplinary action, up to and including termination of employment.

**12. Positive Test Results:**
If an employee tests positive for drugs, they may be subject to disciplinary action, up to and including termination. Employees who test positive may be offered assistance through an employee assistance program (EAP) or be given the opportunity to participate in a drug rehabilitation program, depending on company policy and local regulations.

**13. Employee Assistance Program (EAP):**
[Company Name] recognizes that drug use and addiction are health issues. Employees struggling with drug-related problems are encouraged to seek assistance through the company's Employee Assistance Program or other available resources.

**14. Policy Compliance:**
Failure to comply with this drug testing policy may result in disciplinary action in accordance with the company's disciplinary policy.

**15. Policy Review:**
This drug testing policy will be reviewed periodically to ensure its effectiveness and alignment with changing legal requirements and industry best practices.

By implementing this drug testing policy, [Company Name] aims to provide a safe, productive, and healthy work environment for all employees.

**Employee:**

I have read and understood the Drug Testing Policy, and I do not have any questions.

[Employee's Full Name]

[Employee's Signature]

[Date]

**Company:**

[Company Name]

[Company Representative's Name]

[Company Representative's Title]

[Company Representative's Signature]

[Date]