

CONTROLLED SUBSTANCE POLICY

SCOPE

This policy applies to all employees, as well as volunteer employees with a safe and productive work place. It is recognized that alcohol, drugs or other substance abuse by employees will impair their ability to perform properly and will have serious adverse effects on safety, efficiency and the productivity of other employees, and the organization as a whole. In accordance with that goal, the following controlled substance policy is effective immediately.

POLICY

1. The manufacture, distribution and dispensation of any controlled substance in the work place are illegal and prohibited. Possession or use of any controlled substance is permitted only when the substance is prescribed for the user by a physician and it is being used in the manner prescribed.
2. For the purpose of the policy, controlled substance “includes alcohol and prescription drugs as well as illegal drugs”.
3. Employees may not report to work while under the influence of alcoholic beverages or drugs that could adversely affect their job performance, jeopardize their safety or that of other persons or endanger the property of S.A.F.E., Inc., Tupelo, Mississippi.
4. Any violation of this policy will result in disciplinary action up to and including discharge.
5. Any employee who is convicted under any criminal drug statute for a violation occurring in the work place must notify the executive director of the conviction within five days after the conviction is rendered.
6. As a condition with S.A.F.E., Inc. of Tupelo, Mississippi, every employee must abide by the terms of this policy.
7. Alcohol and drug dependency are treatable conditions. Employees with current alcohol or drug abuse problems are encouraged to voluntarily seek assistance for their problems and will not be disciplined or terminated due to their request for help in overcoming a dependency. Information regarding drug and alcohol counseling and the availability of such assistance under the health care benefits plan, if any is noted in the summary of benefits.
8. This policy does not require and should not result in any special regulations, privileges or exemption from normal job performance requirements.

I have read and fully understand the scope and purpose of the Controlled Substance Policy.

Signature of Employee _____ **Date**

Signature of Executive Director _____ **Date**