

OKLAHOMA DRUG-FREE WORKPLACE PROGRAM PREMIUM CREDIT APPLICATION

If you have a drug-free workplace program and would like to apply for a premium credit of 5% for your Oklahoma workers' compensation insurance policy, please complete this form and return it by email to DFWSPcreditadmin@summitholdings.com, mail to PO Box 988, Lakeland, FL 33802, or fax to 863-668-7566. To continue receiving the credit, be sure to send a new form each year before your policy renewal date.

Employer name: _____

Policy Number: _____ - _____

Program implementation date: _____

Medical review officer name: _____

Laboratory name (Must be certified by the U.S. Department of Health and Human Services): _____

Laboratory address: _____

Laboratory phone number: _____

PROGRAM REQUIREMENTS (Mark boxes of completed items)

1. Documented substance abuse policy statement

- Copy to all employees, including recipient acknowledgement.
- Recipient acknowledgement returned to personnel office, human resources, or other suitable location(s) and added to the employee file.

2. Testing procedures

Procedures have been established for the following:

- Testing for job applicants and transfer/reassignment
- Testing for cause
- Post-accident testing
- Random testing
- Scheduled, fitness for duty, return from leave, and other periodic testing
- Post-rehabilitation testing

Procedures have also been established for the following:

- Testing of alcohol and nonprescribed controlled substances/drugs
- Positive testing and test refusal consequences
- Confidentiality

3. Notice of drug testing policy to all employees

- Copy to all employees prior to testing, either paper or electronic, including recipient acknowledgement
- One-time general notice given to employees 10 days prior to becoming subject to testing
- Posted on employer's premises
- Copies available in personnel office, human resources or other suitable location(s)

Your drug-free workplace program is subject to verification by Summit. Your workers' compensation insurance policy may be subject to additional premium for reimbursement and cancellation of premium credit if it is determined that you do not have a drug-free workplace in compliance with the program requirements state above.

Officer/owner printed name: _____

Officer/owner signature (required): _____

Date: _____



Summit's loss prevention services are advisory only. We assume no responsibility for management or control of customer safety activities nor for implementation of recommended corrective measures. This report is based on information supplied by the customer and observations of conditions and practices during our visit(s). We have not tried to identify all hazards. We do not warrant that requirements of any federal, state, or local law, regulation or ordinance have or have not been met. We disclaim any liability for legal action that may arise out of our loss prevention services. Contact your attorney if you have any questions about the applicability of this information provided to your business and its legal ramifications.