**DRUG & ALCOHOL POLICY**

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| **DOCUMENT DETAILS** |
| **Document Name:** | Drug & Alcohol Policy | **Document No:** |  |
| **Department Name:** | Human Resources | **Document Type:** | Policy |
| **UPDATE DETAILS** |
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**PURPOSE:**

The main purpose of this policy is to introduce an alcohol & Drug Policy that will govern employee behaviour, company ethics and its values.

**SCOPE:**

This policy applies to all employees of .....................................

**RESPONSIBLE PERSONS:**

1. Human Resources Manager - Implementation and facilitation.
2. Human Resources Manager - Administration, monitoring and

 enforcement of this policy.

1. Employees - Adherence to this policy and

procedures outlined in this policy.

**POLICY STATEMENT:**

It is agreed between management and employees that this policy is not a unilateral change in the employment conditions of the employees of this company; and that the implementation of this policy is as a result of the required alignment of policies within ......................................

**TERMS:**

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Alcohol and Drug abuse contributes to billions of Rands of lost productivity and thousands of work place injuries every year. Our policy is to employ a work force free from illegal drugs and alcohol abuse. This company takes drug and alcohol abuse very seriously and will not be tolerated under any circumstances. The company absolutely prohibits the use non-prescribed drugs or alcohol in the work place or while on company premises. It also discourages non-work place drug and alcohol abuse. The possession, sale of or use of alcohol or drugs while on duty or on company premises will result in disciplinary action, up to and including termination, and may have legal consequences. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work every day. It is our intent and obligation to provide a healthy, drug-free and safe working environment. [YOUR COMPANY NAME] reserves the right to demand an alcohol or drug test from any employee based upon reasonable suspicion. Reasonable suspicion includes, but is not limited to, involvement in an accident, physical evidence of use or a substantial drop in work performance. Failure to take a requested test may lead to a disciplinary hearing, including possible termination.

The company also cautions against use of prescribed or over-the-counter medication which can affect your work place performance. You may be suspended or discharged if the company concludes that you cannot perform your job safely or properly because of using over-the-counter or prescribed medication. Please inform your Manager prior to working under the influence of a prescribed or over-the-counter medication which may affect your performance.

If you have a drug or alcohol problem, please ask for our help!

**EMPLOYEE POLICY CONFIRMATION:**

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name and surname), declare that;***

1. Ihave been familiarised with and informed of the Drug & Alcohol Policy.
2. I understand and agree to the contents of this policy and that;
* it may be amended from time to time,
* it forms part of my employment conditions,
* the implementation and contents of this policy are mutually agreed upon with the employer,
* I have been given the opportunity to question this policy and that my questions were satisfactorily answered
1. I agree to strictly adhere to this policy.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_ (place) on the \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YEAR].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Employee

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Signature Manager