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| **1. Assess injuries and take appropriate action (first aid, medical care, or 911, etc.** |

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| **2. Report the accident / injury immediately to Foreman/Supervisor/Facility Contact** |

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| **3. Foreman must fill out the First Report of Injury for all accidents / injuries. Failure to complete this form may delay or have workers compensation claim denied.** |

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| **4.Report accidents immediately to:** |

**Scott Eder 260-489-7555 ext.199 cell: 260-403-4206**

**Juan Arambula: 260-489-7555 ext.207 cell: 260-615-9398**

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| **5. A drug screen is mandatory for all work related injuries (See Section 5)** |

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| **6. Any employee who refuses test as part of their medical treatment will not be able to return to work until he/she passes a return to work test. (See section 6)** |

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| **7. Suspended employees can return to work after passing test.** |

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| **8. Employees who violate the Drug Free Workplace Program a second time in a 12 month period may be terminated or suspended without pay** |

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| **9. Suspended employees of second violation in a 12 month period must enter an appropriate certified treatment program and pass a drug test before being considered for re-employment.** |

| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 12/12/2004 | Safety Director | Annual review |
| 1 | 12/3/2006 | Safety Director | Annual review |
| 2 | 6/6/2006 | Safety Director | Changes |
| 2 | 9/6/2007 | Safety Director | Annual review |
| 3 | 11/14/2007 | Safety Director | Changes |
| 3 | 11/14/2009 | Safety Director | Annual review |
| 3 | 7/13/2016 | Safety Director | Annual review |
| 4 | 12/14/17 | Safety Director | Reporting injuries |
| 4 | 6/30/17 | Safety Director | Annual review |
| 4 | 5/15/2018 | Safety Director | Annual review |
| 4 | 6/7/2019 | Safety Director | Annual review |
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