

Drug Free Safety Program Certification

State of Ohio Standard Forms and Documents

Project Name and Location: _____

Contractor Name: _____

The above referenced Contractor hereby certifies that it is enrolled and in good standing in the Ohio Bureau of Workers' Compensation (BWC) Drug-Free Safety Program (DFSP) or an equivalent BWC approved DFSP in accordance with the requirements of Revised Code Section 153.03-153.031, including the placement of its employees in a pool with a random drug testing rate of at least 5%.

Contractor Signature

Date

Name/Title (Print or Type)