

# Drug Free Safety Program Certification

## State of Ohio Standard Forms and Documents

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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)