

# DRUG-FREE WORKPLACE POLICY ACKNOWLEDGMENT FORM

I have received and reviewed Hogan & Associates Construction's Drug-Free Work Place Policy and understand it is available for my review, anytime, in my project's safety binder.

I understand its requirements and agree, without reservation, to follow this policy.

I consent to submit to drug and/or alcohol testing as outlined in this policy.

I consent to provide specimens at collection sites assigned by my company and further consent to having these specimens examined, tested, and investigated for drugs, alcohol, or suspected adulterant products at a Department of Health and Human Services-certified laboratory.

I consent to the release of laboratory drug and/or alcohol test results to a medical review officer (MRO) selected by my company and after review by said MRO, verified results provided to my company.

I consent to the release of general substance abuse testing results to an authorized agent of the employer.

I, the undersigned, do understand and agree to the above provisions:  
(Typing your name in the box constitutes an electronic signature.)



EMPLOYEE NAME (PRINTED)

EMPLOYEE SIGNATURE

DATE



SAVE THE FILE AND EMAIL AS AN  
ATTACHMENT TO:

[jmorgan@hoganconstruction.com](mailto:jmorgan@hoganconstruction.com)

ALTERNATIVELY, PRINT THE FORM AND  
DELIVER TO HUMAN RESOURCES IN  
OUR CENTERVILLE OFFICE.