**CERTIFICATION DRUGFREE WORKPLACE**

**THE UNDERSIGNED, IN ACCORDANCE WITH FLORIDA STATUTE 287.087, HEREBY CERTIFIES THAT IT HAS A DRUG-FREE WORKPLACE PROGRAM, AND THAT IT SHALL:**

1. Publish a statement of notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.

4. In the statement specified in paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employees will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction of or require the satisfactory participation in a drug abuse assistance or rehabilitation program is such is available in the employee’s community, by any employee who is convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1 through 5, above.

**COMPANY NAME:***ENTER YOUR FIRM’S NAME HERE*

**ADDRESS:** Click or tap here to enter text.

**CITY:** Click or tap here to enter text.

**STATE & ZipCode**: Click or tap here to enter text.

**COMPANY’S AUTHORIZED OFFICIAL:**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.