

**BIRMINGHAM-SOUTHERN COLLEGE
DRUG-FREE CAMPUS AND WORKPLACE POLICY
(Post-Accident Drug and Alcohol Testing Acknowledgement)**

Birmingham-Southern College is committed to providing a drug-free campus and workplace environment. The College prohibits the unlawful manufacture, distribution, dispersion, possession, and use of illicit drugs and/or alcohol on campus or as part of any of the College's activities. Disciplinary action, up to and including termination, may be imposed for any violation of this Policy.

I understand that I am subject to drug and alcohol testing in post-accident and near accident events: involving injury, illness, occupational disease, and/or property damage, or the potential for such injury or damage.

I understand that if I cause, contribute to, or am otherwise involved in any work-related incident, accident, or occurrence that may lead to a workplace injury, illness, occupational disease, or worker's compensation claim, I am required to immediately report such incident to the College. I understand that a failure to report any such incident which requires drug and/or alcohol screening may subject me to discipline.

I understand that I may be required to submit to post-accident drug and alcohol testing following the incident, accident, or occurrence, even if no medical treatment is needed and even if I have not had the opportunity to report the incident, accident, or occurrence. I hereby authorize the College to access any medical records which may indicate impairment or influence of drugs and/or alcohol.

I understand that workers' compensation benefits may be denied for an injury due to an injured employee being intoxicated from the use of alcohol or being impaired by illegal drugs, if the intoxication or impairment caused or contributed to such accident or injury.

I understand that any refusal on my part to consent, submit, or otherwise cooperate with such testing will be considered a violation of the College's standards of conduct and will be grounds for discipline and forfeiture of the right to recover worker's compensation benefits.

I understand that the College will require a drug and/or alcohol screen test whenever I am involved in an on-the-job accident, injury, or under circumstances that suggest possible involvement or influence of drugs and/or alcohol in such event.

Name: _____

Signature: _____

Date: _____