

**Drug-Free Workplace Policy
Contractor Certificate of Compliance**

I, _____, a contractor doing business with the State of Rhode Island hereby acknowledge that I have received a copy of the State's policy regarding the maintenance of a drug free workplace. I have been informed that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (to include but not limited to such drugs as marijuana, heroin, cocaine, PCP, and crack, and may also include legal drugs which may be prescribed by a licensed physician if they are abused), is prohibited on the State's premises or while conducting state business. I acknowledge that my employees must report for work in a fit condition to perform their duties.

As a condition for contracting with the State, as a result of the Federal Omnibus Drug Act, I will require my employees to abide by the State's policy. Further, I recognize that any violation of this policy may result in termination of the contract.

Contractor

Date

Comments, if any:

Department /Agency Signature

Date policy reviewed with
contractor

(Note: This document is reviewed with the contractor by the State EEO Office.)