

## Arizona Alcohol-and Drug-Free Workplace Premium Credit Certification

Arizona statute allows for a five percent premium credit to employers who implement and maintain drug and alcohol programs that meet requirements stated in Title 23, Chapter 2, Article 14 of the Arizona Revised statutes. The full statute should be reviewed to ensure complete compliance. Among the requirements specified are the following:

1. Collection of samples is done in a sanitary environment with appropriate labeling and documentation to maintain the chain for custody. This is usually done through an industrial clinic.
2. Tests are scheduled during or immediately after work hours and all costs of drug testing including transportation expenses to the testing site. The time to test will be deemed as work time.
3. Testing procedures must use scientifically accepted methods and ensure there is no contamination or misidentification of the person connected with the sample.
4. Positive test results will be verified through a second test using a chromatographic technique. You should verify that this procedure will be followed by your testing industrial clinic.
5. This is not a comprehensive list of the legal requirements but rather represents some key elements. Review [Title 23, Chapter 2, Article 14 of the Arizona Revised statutes](#) for complete detail.

I certify on behalf of the employer named below that the employer has implemented and maintains a drug and alcohol policy and program consistent with Title 23, Chapter 2, Article 14 of the Arizona Revised statutes.

I also certify the employer named below will do the following:

1. I will provide additional information requested by the insurer to confirm that a qualifying program has been established and is being maintained.
2. I comply with the alcohol and drug testing policy requirements in accordance with Title 23, Chapter 2, Article 14 of the Arizona Revised statutes.
3. I conduct alcohol and drug testing of prospective employees.
4. I conduct alcohol and drug testing of an employee after the employee has been injured.
5. I will allow access to alcohol and drug testing results under 3 and 4 above.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_

Print name of person completing the form \_\_\_\_\_

Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_