

VADA GROUP SELF INSURANCE ASSOCIATION

CERTIFICATION OF DRUG-FREE WORKPLACE PROGRAM FOR 2013 POLICY
JULY 1, 2026 – JULY 1, 2027

DEALERSHIP NAME: _____ MEMBER #: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

Email address: _____ TAX ID# _____

ATTACH A COPY OF YOUR DRUG-FREE WORKPLACE POLICY WITH THIS FORM.

THE FOLLOWING TYPES OF DRUG TESTS ARE CONDUCTED

- Pre-Employment/Post Job Offer
Reasonable Suspicion
Post Accident
Follow-Up Testing (prior to "Return to Duty" and unannounced testing for up to one year following "Return to Duty")

CONSEQUENCES FOR POSITIVE DRUG TESTS

- Immediate Termination of Employment
Encourage Drug and Alcohol Rehabilitation Program at employee's expense, AND Follow-Up Testing as described above.
Require Drug and Alcohol Rehabilitation Program at dealership's expense, AND Follow-Up testing as described above

LABORATORY AND MEDICAL REVIEW OFFICER (MRO)

NAME OF MEDICAL REVIEW OFFICER: _____

NAME OF SAMHSA or HHS-CERTIFIED LABORATORY: _____

ADDRESS OF LABORATORY: _____

PHONE: (____) _____

VERIFICATION OF TESTING TO VADA GSIA

- In order to confirm compliance, VADA GSIA may request verification that testing was completed in accordance with the program guidelines.
The below named individual certifies this information is a true and factual depiction of the current Drug-Free Workplace Program and agrees to abide by the policy attached.

Officer/Owner Name _____ Officer/Owner Signature _____ Date _____

City/County of _____
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this ____ day of _____, 20____, by

_____.
(Officer/Owner Name above)

Notary Public and number _____ Commission Expires _____