New York State Department of Labor
Workplace Safety and Loss Prevention Programs
State Office Campus, Building 12, Room 167
Albany, NY 12240
(518) 457-1638

Workplace Safety & Loss Prevention Incentive Program
Drug and Alcohol Prevention Program - Section 1.14 of ICR 60
Evaluation Report

An employer must file an application for the Department of Labor's (DOL) approval of a Workplace Safety and Loss Prevention Incentive Program (WSLPIP) credit. The application must include an Evaluation performed by a certified Specialist or the DOL. The Evaluation report will review the required elements of the specific incentive program for which the employer is applying, assess the employer's compliance, and make recommendations for the implementation of the program.

Date of Evaluation _____

Implementation date of Drug and Alcohol Prevention Program _____

Date of report _____

Section A: Employer Information

Company name			Contact person	
Company address			Title	E-mail address
City			Phone number	
State	Zip code	NAICS	Number of employees	FEIN

Section B: Workers' Compensation Insurance Information

Please provide the below information for the workers' compensation policy for which the employer is seeking the incentive credit. Fill out one report per policy.

Insurer		Contact person	
Address		Title	
City		Phone number	
State	Zip Code	E-mail address	
Annual policy renewal date		Policy number	
Experience rating (current policy year)	Experience rating (previous policy year)		☐ Check box if self-insured
Annual insurance premium	Annual security deposit (if self-insured)		

Section C: Company Location(s) Information

Enter the physical address for all locations covered by the workers' compensation policy listed above. Use Appendix A to list additional employees.

Company location #1	Management Contact Name	Management Contact Phone	No. of employees	Employee representative
Company location #2	Management Contact Name	Management Contact Phone	No. of employees	Employee representative
Company location #3	Management Contact Name	Management Contact Phone	No. of employees	Employee representative
Company location #4	Management Contact Name	Management Contact Phone	No. of employees	Employee representative
Company location #5	Management Contact Name	Management Contact Phone	No. of employees	Employee representative

Section D: Employee Representative(s) Information

Use Appendix A to list additional employee representatives.

Employee (#1) representative	Bargaining unit (if applicable)
Work Location	Phone number
Employee (#2) representative	Bargaining unit (if applicable)
Work Location	Phone number
Employee (#3) representative	Bargaining unit (if applicable)
Work location	Phone number

Section E: Synopsis of Employer

Describe the employer's primary business activity at the locations in which the program has been implemented.

Section F: Review of Employer Drug and Alcohol Prevention Program (DAPP)

A Drug and Alcohol Prevention Program informs employees of the dangers, to themselves and to others, of drug and alcohol use and abuse in the workplace. The program employs cost-effective, confidential, early intervention strategies to prevent alcohol and drug related accidents on the job. It helps employees who have drug and alcohol problems that interfere with their ability to function on the job in a safe and effective manner. The employer must provide the final, approved DAPP plan to the designated employee representative(s) in each workplace location or to the recognized representative of each collective bargaining unit, where applicable, and to all employees upon request.

Program Element #1

The employer must have a policy that tells all levels of management and all employees what the intent and objectives of the program are, including: (i) The problems which the program is designed to prevent; (ii) management's commitment to addressing those problems and to protecting the safety, health and well being of all employees and individuals in the workplace; (iii) recognition that alcohol and drug use and abuse pose a threat to workplace safety and health; and (iv) a clear message that prohibits the use of alcohol and drugs in the workplace and impairment on the job.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #1? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #2

The employer must establish a procedure to identify employees with drug and alcohol problems that affect job performance and refer them to counseling.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element # 2? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #3

Employers must protect the privacy of all who use the program, and keep storage and handling of employee records confidential.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #3? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #4

Employers must involve employees in the structure and operation of the program to help them commit to achieving its goals and objectives. This means designating and involving one or more employee representatives and the recognized representatives of each collective bargaining unit, where applicable.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #4? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #5

Employers must assure that the program does not diminish collective bargaining rights, where applicable.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #5? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #6

Employers must establish procedures to facilitate case monitoring and follow-up services.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #6? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #7

Employers must have written plans and procedures to ensure employee safety during emergency situations related to drug and alcohol use and abuse.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #7? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #8

Employers must have an orientation program for new supervisors and employees to educate them about the intent and specific elements of the program.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #8? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #9

Employers must have a training program for supervisors and employees to help them understand the problems associated with the abuse of drugs and alcohol in the workplace, the responsibilities of all affected supervisors and employees in the implementation of the program, the rights of all employees, and the procedures for return to work.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #9? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #10

Employers must establish an evaluation plan to analyze the effectiveness of the program and its operations.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #10? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #11

Employers must have strategies to maintain and promote the program.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #11? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Program Element #12

Employers must name a contact for employees to use when seeking assistance under the employer's Drug and Alcohol Prevention Program.

Does this program element meet the Department's requirements? ☐ Yes ☐ No

Did you make any recommendations to implement program element #12? ☐ Yes ☐ No

Please provide an assessment of the employer's compliance with this program element and list any recommendations you made for the program's implementation of this element.

Section G: Additional Elements

Summarize any additional program elements the employer has implemented which were not reported above. Provide a brief assessment of the program element(s) and list any recommendations you made for the implementation of such program element(s).

Section H: Additional Evaluation Services

Did you provide other services, training or materials to this employer?_____

Date of Services _____

Briefly outline the additional evaluation services you provided to this employer.

Section I: Opening and Closing

The Specialist must conduct an opening conference with the employer and employee representatives, including the recognized representative of each collective bargaining unit, where applicable, to discuss (i) how they will conduct the Evaluation(s); and (ii) what records and information they need to perform the Evaluation. The Specialist must hold a closing conference with the employer and employee representatives, including the recognized representative of each collective bargaining unit, where applicable, to discuss the findings and recommendations for implementation of the WSLPIP.

Date of Opening Conference _____

Number of people in attendance _____

Who attended the Opening Conference? Describe their responsibilities in monitoring the Program.

Date of Closing Conference _____

Number of people in attendance _____

Who attended the Closing Conference? Describe their responsibilities in monitoring the Program.

Section J: Review of Company Records

What records did you review to determine the status of the employer WSLPIP?

Provide an analysis of the historical loss and claim data for this employer for the purpose of exposing trends in claims and losses and identifying specific areas of risk.

Section K: Specialist Information

Name	Certification number	Date of expiration
Company	Total number of hours for Evaluation (and report writing)	
Address	Phone number	
City	State	Zip code

The Specialist certifies that the information contained in this report is accurate and true and that the incentive program implemented as indicated in this report meets the requirements of the Workplace Safety and Loss Prevention Incentive Program as required by ICR 60.

Signature_____ Date _____

☐ By checking this box, you indicate that you fully understand the responsibilities associated with providing your signature as a Certified Specialist.

Send this report to the employer. The employer must submit this report to the New York State Department of Labor along with the employer's application for the specific WSLPIP credit. Applications for the Incentive and Evaluation reports should be sent to:

New York State Department of Labor
Workplace Safety and Loss Prevention Program
State Office Campus, Building 12, Room 167
Albany, NY 12240

www.labor.ny.gov/WSLPIP.html

Send questions regarding the application process and the procedures for Evaluations under the requirements of Industrial Code Rule 60 to WSLPIP@labor.state.ny.us