SUBSTANCE ABUSE PREVENTION PROGRAM CERTIFICATION

Project Name: ______________________________

Location: ______________________________

The Substance Abuse Prevention on Public Works Act Public Act 95-0635, prohibits the use of drugs and alcohol, as defined in the Act, by employees of the Contractor and by employees of all approved Subcontractors while performing work on a public works project. The Contractor/Subcontractor herewith certifies that it has a superseding collective bargaining agreement or makes the public filing of its written substance abuse prevention program for the prevention of substance abuse among its employees who are not covered by a collective bargaining agreement dealing with the subject as mandated by the Act.

A. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has signed collective bargaining agreements that are in effect for all of its employees, and that deal with the subject matter of Public Act 95-0635.

___________________________________________________
Contractor/Subcontractor

___________________________________________________
Name of Authorized Representative (type or print)

___________________________________________________
Title of Authorized Representative (type or print)

___________________________________________________
Signature of Authorized Representative     Date

B. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has in place, for all of its employees not covered by a collective bargaining agreement that deals with the subject of the Act, the attached substance abuse prevention program that meets or exceeds the requirements of Public Act 95-0635.

___________________________________________________
Contractor/Subcontractor

___________________________________________________
Name of Authorized Representative (type or print)

___________________________________________________
Title of Authorized Representative (type or print)

___________________________________________________
Signature of Authorized Representative     Date