STATE OF OHIO
OHIO SCHOOL FACILITIES COMMISSION

DRUG FREE WORKPLACE PROGRAM CERTIFICATION

Project Name and Location: _____

Contractor Name: _____

The above referenced Contractor hereby certifies that it is enrolled and in good standing in the Ohio Bureau of Workers' Compensation (BWC) Drug-Free Workplace Program (DFWP) or an equivalent BWC approved DFWP in accordance with the requirements of Revised Code Section 153.03-153.031, including the placement of its employees in a pool with a random drug testing rate of at least 5%.

_____
Contractor Signature Date

_____
Name/Title (Print or Type)