



DRUG AND ALCOHOL POLICY

Ferretti International is committed to preventing harm to employees, subcontractors and visitors, caused by the use of drugs or alcohol in the workplace.

To achieve this goal, Ferretti International has the following objectives:

1. Educate employees and subcontractors about the impacts of drugs and alcohol.
2. Conduct regular testing to discourage the use of drugs and alcohol and to prevent incidents.
3. Provide assistance for employees with drug and alcohol related issues.
4. Investigate each drug and/or alcohol related incident without prejudice and take necessary action to avoid similar incidents in the future.

Responsibility and obligations of employees, contractors, and consultants:

- Have a 'Zero' drug and alcohol level at work.
- Not possess, distribute, or consume alcohol or any illicit drugs at work.
- Take prescribed medications as directed by their doctor.
- Notify their immediate supervisor or manager when they believe someone is in breach of their responsibility and obligations.
- Undertake random or programmed alcohol and drug testing wherever required.

Employees on prescription medication have a responsibility to inform management by completing the HR-FM-032 – “Employee Medication Declaration” form if there is a potential their medication may affect their ability to safely perform their work duties. The form can be obtained from the HR/QHSE staff. This information must be held in strict confidence and duties will be modified to accommodate their situation.

Ferretti International understands that drug and alcohol problems may be the result of personal issues or crises. Ferretti International will endeavour to provide guidance and support to employees in the event that these situations occur.

The effective management of this policy is a shared responsibility between all personnel at all organisational levels and takes priority over all other operational considerations.

This policy statement shall be prominently displayed at all company worksites and is endorsed by me as the authorised representative at Ferretti International.

A handwritten signature in blue ink, appearing to read 'B. Dadmehr'.

Babak Dadmehr, General Manager
Ferretti International (Aust)

July 2023

Please complete this form, attach your doctor's letter as evidence and advise your Manager/Supervisor.

Employee Details	
Name:	
Site/Location:	
Contact Number:	
Manager/Supervisor:	

I am declaring the medication below:

Name + Dose of Medication	Known Side Effects	Duration on Medication

Declaration:

- I acknowledge that I need to inform my Manager/Supervisor if I am taking any prescription or non-prescription medication which may affect my fitness for work and/or impact a drug test result.
- I understand that I need to provide Ferretti International a documentation to confirm I am capable of safety performing my role whilst utilising this medication.
- I have been informed and understand the potential side effects associated with the use of this medication.
- I am aware it is my responsibility to manage my fitness for work.

Employee Signature:		Date:	
Manager/Supervisor Signature:		Date:	
HR Manager Signature:		Date:	
QHSE Advisor Signature:		Date:	
Additional Comments:			