

## **TRAINING OUTLINE**

COURSE TITLE:	_ DATE:	INSTRUCTOR:
LOCATION:	TIME:	COMPANY:

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

## **SUMMARY OF TRAINING** 1) Introduction a) Standards b) Why Training 2) General a) Addiction b) Drugs c) Alcohol 3) Prevention a) A Drug Free Workplace b) Drug & Alcohol Policy c) Purpose, Definitions, & Scope d) Policy & Rules e) Drug Testing f) Consequence of Violation g) Confidentiality h) Resources & Assistance i) Employee Agreement 4) Signs & Warnings a) Signs b) Physical c) Emotional d) Behavioral 5) Treatment a) Inpatient Therapy b) Outpatient Therapy c) Individual & Group Therapies d) Continuing Care e) Relapse f) Emotional Relapse g) Mental Relapse



h) Physical Relapse

## 6) Recourse

- a) Employee's Perspective
- b) Supervisor's Perspective
- 7) Conclusion
  - a) So, What Now?