

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?