

Alcohol And Drug Employee's Certified Receipt

Employee Name

Company/ Department

This is to certify I have been provided educational materials by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 requirements. The materials include detailed discussion of the following checked (√) items

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| | 1. The designated person to answer questions about the materials |
| | 2. The categories of drivers subject to Part 382 |
| | 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required |
| | 4. Specific information concerning prohibited driver conduct |
| | 5. Circumstances under which a driver will be tested |
| | 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test |
| | 7. The requirement that tests are administered in accordance with part 382 |
| | 8. An explanation of what will be considered a refusal to submit to a test and the consequences |
| | 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and part 40, Subpart 0 procedures |
| | 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04 |
| | 11. Information on the affects of alcohol and controlled substances use on:
<div style="display: flex; justify-content: space-between; padding: 0 20px;"> -an individuals health -signs and symptoms of a problem </div> <div style="display: flex; justify-content: space-between; padding: 0 20px;"> -work -available methods of intervening </div> <div style="display: flex; justify-content: space-between; padding: 0 20px;"> -personal life When a problem is suspected </div> |
| | 12.Optional information: _____ |

Employee Signature

Date

Authorized Employer Representative

Date