

Alcohol and Drug Employee's Certified Receipt

DQF 450

Employee's Name

Company/Department

This is to certify that I have been provided educational materials regarding 49 CFR §382.601 and company policies and procedures with respect to meeting the requirements of Part 382. The materials include detailed discussion of the following checked (v) items:

- ☐ 1. The identity of the person designated by the employer to answer questions about the materials.
- ☐ 2. The categories of drivers who are subject to the provisions of Part 382.
- ☐ 3. Sufficient information about the safety-sensitive functions and periods of the workday that require compliance with Part 382.
- ☐ 4. Specific information concerning driver conduct that is prohibited by Part 382.
- ☐ 5. Circumstances under which a driver will be tested for alcohol and/or controlled substances under Part 382, including post-accident testing under §382.303 (d).
- ☐ 6. The procedures that will be used to test for the presence of alcohol and controlled substances, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver, including post-accident information, procedures and instructions required by §382.303 (d).
- ☐ 7. The requirement that a driver submit to alcohol and controlled substances tests administered in accordance with part 382.
- ☐ 8. An explanation of what constitutes a refusal to submit to an alcohol or controlled substances test and the attendant consequences.
- ☐ 9. The consequences for drivers found to have violated subpart B of Part 382, including the requirement that the driver be removed immediately from safety-sensitive functions, and the procedures under Part 40, subpart O, of the 49 CFR.
- ☐ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- ☐ 11. Information concerning the effects of alcohol and controlled substances use on:
 - An individual's health, work, and personal life
 - Signs and symptoms of an alcohol or controlled substances problem
 - Available methods of intervention when a problem is suspected (confrontation, referral to any employee assistance program or to management, etc.)

☐ 12. Optional information: _____

Employee's Signature

Date

Authorized Employer Representative

Date