

# *Alcohol And Drug Employee's Certified Receipt*

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Company/Department

This is to certify that I have been provided educational materials required 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:

- \_\_\_\_\_ 1. The designated person to answer questions about the materials.
- \_\_\_\_\_ 2. The categories of drivers subject to Part 382.
- \_\_\_\_\_ 3. The safety-sensitive functions and periods of the workday for which 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 drivers submit to tests 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 O 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 effects of alcohol and controlled substances use on an individual's health, work or personal life
  - signs and symptoms of a problem
  - available methods of intervening when a problem is suspected (confrontation, referral, etc.)
- \_\_\_\_\_ 12. The information that will be reported to the Drug and Alcohol Clearinghouse.
- \_\_\_\_\_ 13. Optional information:

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\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Representative

\_\_\_\_\_  
Date