

ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

§382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: _____

Driver/Applicant Name: _____
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: _____

Location: _____

Time: _____

2. Check type of test: Alcohol Controlled Substance

3. Check reason for test: Pre-employment Random Reasonable suspicion
 Post-accident Return to duty Follow-up

4. Appointment instructions/comments:

I understand as a condition of my employment with this company, the above identified test is required.

Driver/Applicant's Signature

Date

Witnessed by:

Company Representative

Date