

DRUG AND/OR ALCOHOL 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:

a. Alcohol screening test method: Saliva Breath

b. Drug test method: Oral fluid (saliva) Urine

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

5. Alternate drug-testing method:

Switch from urine to oral fluid Switch from oral fluid to urine Do not use an alternate testing method

6. Appointment instructions/comments:

I understand as a condition of performing safety-sensitive functions with this company, the above identified test is required.

Driver/Applicant's Signature

Date

Witnessed by:

Company Representative

Date