

# EMPLOYEE EDUCATION ON SUBSTANCE ABUSE

State of Indiana  
Employees Regulated by DOT

## CERTIFICATE OF RECEIPT

Acknowledgment of receiving materials required by 49 CFR Part 382.601

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_  
or Social Security #

Company STATE OF INDIANA

**This is to certify that I have been provided education materials** that explain the requirements of 49 CFR Part 382.601 **and my employer's policies and procedures** with respect to meeting the requirements. This includes all items below.

- The designated person to answer questions about the material.
- The categories of drivers subject to 49 CFR Part 382.
- Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- Specific information concerning prohibited driver conduct.
- Circumstances under which a driver will be tested.
- Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- The requirements that tests are administered in accordance with 49 CFR Part 382.
- An explanation of what will be considered a refusal to submit to a test and the consequences.
- The consequences for 49 CFR Part 382 Subpart B violations including removal from safety-sensitive functions and 382.605 procedures.
- The consequences for drivers found to have an alcohol concentration of 0.02 or greater.
- Information on the effects of alcohol and controlled substances use on: an individual's health, work, and personal life, as well as signs and symptoms of a problem and available methods of intervening when a problem is suspected.
- A copy of my employer's *CDL Alcohol and Controlled Substance Testing Program*.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**COPY TO EMPLOYEE FILE**