Drug and Alcohol Policy

**Acknowledgement of Policy**

Employee Certified Receipt[[1]](#footnote-1)

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Employee Signature:** |  |
| **Date:** |  |
|  |  |
| **Authorized Employer Representative:** |  |
| **Date:** |  |

I acknowledge I have received a copy of **Transit Provider’s** anti-drug and alcohol misuse program policy mandated by the US Department of Transportation, Federal Transit Administration (FTA) for all covered employees who perform a safety-sensitive function. I understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand the information contained in the policy distributed to me is subject to change, and that any such changes or addendum, shall be disseminated in a manner consistent with the provisions of 49 CFR Part 655, as amended.

The drug and alcohol materials include detailed discussion of the following checked (x) items:

|  |  |  |
| --- | --- | --- |
|  | 1. | A copy of the **Transit Provider** Drug and Alcohol policy. |
|  | 2. | The designated person to answer questions about the materials. |
|  | 3. | Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required. |
|  | 4. | Specific information concerning prohibited conduct. |
|  | 5. | Circumstances under which a safety-sensitive person will be tested. |
|  | 6. | Test procedures, integrity of the testing process, and safeguarding the validity of the test. |
|  | 7. | An explanation of what will be considered a refusal to submit to a test and the consequences. |
|  | 8. | Information on the effects of alcohol and controlled substances use on:* An individual’s health
* Signs and symptoms of a problem
* Work
* Personal Life
* Available methods of intervening when a problem is suspected
 |
|  | 9. | Training Materials |
|  | 10. | Optional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. A signed copy of this form should be kept in the **Transit Provider** Drug and Alcohol file and/or safety-sensitive employee file. [↑](#footnote-ref-1)