



## CDL DRUG & ALCOHOL PROGRAM TRAINING VERIFICATION FORM

Please Print:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title/Job: \_\_\_\_\_

I have completed CDL Employee Drug & Alcohol Training. I was provided educational material and training which included:

1. the identity of the person(s) designated by the University to answer CDL Employee questions regarding 49 CFR Parts 382 and 40 and the University's CDL Drug & Alcohol Program;
2. which CDL Employees are subject to the alcohol misuse and controlled substance requirements;
3. an explanation of what constitutes a safety-sensitive function and what period of the workday the CDL Employee is required to be in compliance;
4. specific information concerning conduct that is prohibited by a CDL Employee;
5. the circumstances under which a CDL Employee will be tested for alcohol and/or controlled substances, including post-accident testing;
6. the procedures that will be used to test for the presence of alcohol and controlled substances; protect the CDL Employee and the integrity of the testing process; safeguard the validity of the test results, and ensure that those results are attributed to the correct CDL Employee; post-accident information, procedures and instructions;
7. the requirement that a CDL Employee submit to alcohol and controlled substances testing;
8. an explanation of what constitutes a refusal to submit to an alcohol or controlled substances test and the attendant consequences;
9. the consequences for a CDL Employee found to have violated the prohibitions of the requirement, including the immediate removal of the CDL Employee from safety-sensitive functions, and the procedures under 49 CFR 40, Subpart O;
10. the consequences for a CDL Employee found to have an alcohol concentration of 0.02% or greater, but less than 0.04%;
11. information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or controlled substances problem (the CDL Employee's or a co-worker's); and available methods of intervening when an alcohol or a control substances problem is suspected, including confrontation, referral to any employee assistance program and/or referral to management.

I also received and reviewed a copy of Towson University's CDL Drug & Alcohol Program.

\_\_\_\_\_  
Employee Name (Printed)

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

\_\_\_\_\_  
Employee TU ID No.

\_\_\_\_\_  
Date