DOT Drug & Alcohol Policy Receipt

Materials provided

Employer / driver name

Policy title / version / date

Educational materials / attachments

Question contact / phone or email

Employer check: materials address the required subjects

- ☐ Covered drivers, safety-sensitive functions, prohibited conduct, and the designated question contact.
- ☐ Testing circumstances and procedures, including post-accident instructions, required participation, and refusals.
- ☐ Consequences of violations, removal from safety-sensitive functions, return-to-duty procedures, and alcohol results of 0.02 to less than 0.04.
- ☐ Effects and signs of alcohol or drug problems and available intervention or assistance resources.
- ☐ Personal information that must be reported to the Clearinghouse.
- ☐ Any additional company policy or consequence is clearly identified as based on company authority.

Driver receipt

I certify that I received a copy of the employer's DOT drug-and-alcohol policy and educational materials identified above. I know whom to contact with questions. This signature records receipt; it does not waive rights or authorize searches, deductions, or disclosure beyond applicable requirements.

Signatures and record

Driver signature / date

Employer representative / date

Record location / copy provided date

The employer must retain the signed receipt under 382.601(d). Review all details in 382.601(b), including Clearinghouse reporting information. Keep testing results and other confidential program records in their proper restricted location.

49 CFR 382.601 49 CFR 382.401

Working resource. Confirm applicability and current requirements for your operation.