

CDL Employee Acknowledgement of Receiving Annual Training

By signing below, I hereby acknowledge that I have received annual training regarding this employer's CDL drug and alcohol testing policy, which included the following subjects:

1. The employment consequence of a positive drug or alcohol test per the employer's drug and alcohol testing personnel policy;
2. The employee's responsibilities following any positive drug or alcohol test, including the actions required to return-to-duty;
3. On overview of the prohibited conduct regarding the use of drugs and alcohol while performing safety-sensitive functions;
4. Review of the probable cause testing form which this employer will use to document if any employee is suspected of engaging in prohibited conduct while performing safety-sensitive functions;
5. Information about the employer's requirement to annually check the FMCSA Clearinghouse for all CDL drivers;
6. The employer's authority to review PennDOT driver's license reports; and,
7. General drug and alcohol awareness issues, including behavioral and physical indicators of drug use and alcohol abuse.

Date

Employer Name

Employee Signature

Print Employee Name

Witness Signature

Print Witness Name

*Note: A signed copy of this form should be
permanently maintained in each CDL employee's file.*