DRIVER QUALIFICATION FILE
MEDICAL/DRUG & ALCOHOL

# SECTION

2

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

C	company Name: R	EMAC INC.					
Street: 20103 GOVERNOR HARRISON PARKWAY							
City: <u>FREEMAN</u>							
State, Zip: <u>VA 23856</u>							
Prospective Em	ployee Name:	(Print	) ID	Number:			
The prospective employee is required by Sec. 40.25(j) to respond to the following questions.							
1)	Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?						
	Check one:	Yes	No				
2)	If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?						
	Check one:	Yes	No				
rospective Emplo	yee Signature:			All the second			
				Date:			
	Witnessed By: (signature)			Date:			

(rev 3/12)

Hermitage Safety Consultants

#### **TEST NOTIFICATION**

Part 382 - Controlled Substances and Alcohol Use Testing applies to driver of this company.

Subsection 382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: REMAC,	INC.
Driver/Applicant Name:	nt) (First, M.I., Last)
You are hereby notified the fol	flowing test will be administered in compliance with the Federal Motor
Carrier Safety Regulations.	
1. The test is scheduled:	Date:
	Location:
	Time:
2. Check type of Test:	Alcohol Controlled Substance
3. Check reason for test:	Pre-employmentRandomReasonable suspicion
	Post-accident Return to duty Follow-up
4. Appointment instructions/co	
I understand as a condition of m	ny employment with this company, the above identified test is required.
Driver/Applicant's Signatur	re Date
Witnessed by: Company Repr	resentative Date

### ALCOHOL AND DRUG EMPLOYEE'S CERTIFIED RECEIPT

#### Employee's Name

## REMAC INC. Company / Department

1. The designated employer representative to answer questions about the materials.  2. The categories of drivers subject to Part 382.  3. Information regarding safety-sensitive functions and periods of the workday in which compliance is required.  4. Information regarding driver conduct.  5. Circumstances under which a driver will be tested.  6. Testing procedures.  7. Tests administered in accordance with Part 382, as required.  8. An explanation of what will be considered a refusal to submit to a test and the consequences.  9. The consequences for Part 382 Subpart B violations including removal from safety-Sensitive functions and Part 40 Subpart O procedures.  10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.  11. Information on the affects of alcohol and controlled substances in regards to:  an individual's health  work  personal life  * signs and symptoms of a problem  * available methods of intervening when a problem is suspected  Employee's Signature  Date  Authorized Employer Representative  Date	poneres and proced	at I have been provided educational materials required by 382.601 and ures with respect to meeting the Part 382 requirements. The materials llowing checked (X) items:	I my employer's sinclude detailed			
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Authorized Funda D		Employee's Signature	Date			
Authorized Employer Representative Date	-					
		Authorized Employer Representative	Date			

#### Motor Vehicle Driver's

#### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26.001 pounds or more, can transport more than 15 people, or transports hazardous materials that requires placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987. They are as follows:

1) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will p	ossess:	
Driver's License No.	State	Exp. Date
DRIVER CERTIFICATION: I certify that I	have read and understood the al	bove requirements.
Driver's Name (Printed):		
Driver's Signature:		Date
Notes:		