# S:\Associate Director's Office\Administrative Procedures\Draft Admin Procedures\Admin Proc Tools\TFS Logo\TFS_RGB-maroon_gray_type.png

# CERTIFICATE OF POLICY RECEIPT FOR

# CONTROLLED SUBSTANCE AND ALCOHOL TESTING

I certify that I have received, read and understand Texas A&M Forest Service (TFS) policies, procedures and education materials which comply with the U.S. Department of Transportation (DOT) controlled substance and alcohol testing program.  Specifically, I certify that I have received detailed information setting forth:  (1) the identity of the person designated to answer questions; (2) who is covered by the regulations; (3) what is meant by "safety-sensitive functions" so that I understand what period of the work day I am required to be in compliance with the regulations; (4) what is prohibited by the regulations and by TFS policy; (5) the circumstances under which I will be tested; (6) the procedures for testing; (7) the requirement that I submit to testing as required by the regulations and TFS policy; (8) an explanation of what constitutes a refusal to submit to testing and the consequences for refusing to submit to testing; (9) the consequences under the regulations and the consequences as a matter of TFS policy if I violate the regulations, refuse to be tested and/or test positive; (10) the consequences if I test positive for alcohol at the level of .02 or greater; and (11) information concerning the effects of alcohol and controlled substance use on my health, work and personal life, and signs and symptoms of alcohol or controlled substance abuse problems.

I understand that if I am concerned about my use of alcohol and controlled substances or the use of alcohol or controlled substances by a co-worker, I can and should seek assistance from the TFS Employee Assistance Program (EAP) or from any assistance program in my community.  I further certify that as a condition of employment, I will comply with and abide by TFS policies, including the substance-abuse prevention policies and materials which I have received.

I understand that I may have a copy of this Certificate upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
DATE EMPLOYEE SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 PRINTED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
DATE SUPERVISOR SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 PRINTED NAME