

## FORM C – DOT/CDL Employees

### Certificate of Receipt

(Acknowledgement of receiving materials required by 49 CFR Part 382.601)

Employee Name: \_\_\_\_\_ SS or ID#: \_\_\_\_\_

Employer: State of Indiana

This is to certify that I have been provided educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting the requirements. This includes all items checked.

- ✓ The designated person to answer questions about the material
- ✓ The categories of drivers subject to Part 382.
- ✓ Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- ✓ Specific information concerning prohibited driver conduct.
- ✓ Circumstances under which a driver will be tested.
- ✓ Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- ✓ The requirements that tests are administered in accordance with Part 382.
- ✓ An explanation of what will be considered a refusal to submit to a test and the consequences.
- ✓ The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and 382.605 procedures.
- ✓ The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- ✓ Information on the affects of alcohol and controlled substances use on: an individual's health, work, personal life, signs and symptoms of a problem, and available methods of intervening when a problem is suspected.
- ✓ A copy of my employer's substance abuse policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Employer Representative: \_\_\_\_\_