SIBLEY EAST DRUG FILE

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | 01. Driver Acknowledgment of Drug and Alcohol Testing Policy and Materials |
|  | 02. Controlled Substance and Alcohol Questionnaire |
|  | 03. Request for Prior Controlled Substance and Alcohol Test Results |
|  | 04. Pre-Employment Drug Test Results |
|  | 05. Random Drug/Alcohol Test Results |
|  | 06. Drug/Alcohol Test Results Due to Motor Vehicle Accident (If Applicable) |
|  | 07. Employee Refusal to Submit to Substance Abuse Testing (If Applicable) |

\*If the driver was not a CDL driver before coming to work for you, fill out the “Request for Controlled Substance and Alcohol Test Results” with their name, social security number and have them sign it. Write “Does Not Apply In The Upper Right Corner” and include the form in their file.

\*ALL employees must submit to a pre-employment drug test. This includes CDL drivers, Type III drivers, Bus Aides, Managers and Mechanics.