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. Pre-Employment Drug Test Results |
|  | 04. Random Drug/Alcohol Test Results |
|  | 05. Drug/Alcohol Test Results Due to Motor Vehicle Accident (If Applicable) |
|  | 06. Employee Refusal to Submit to Substance Abuse Testing (If Applicable) |
|  | 07. Drug and Alcohol Clearinghouse Consent Form (CDL Driver Only) |
|  | 08. Drug and Alcohol Clearinghouse Query Results (CDL Driver Only)  |

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