



## ALCOHOL AND CONTROLLED SUBSTANCES TESTING CONSENT FORM

### **TO BE SIGNED BY ALL COMMERCIAL DRIVERS' LICENSED EMPLOYEES COVERED BY THE FEDERAL CDL DRUG AND ALCOHOL TESTING REGULATIONS.**

As a condition of my continued employment as an operator of controlled commercial motor vehicles, I consent to alcohol and controlled substances testing, as stated in the Department's Drug Free Workplace policy.

I understand that if I test positive for alcohol or controlled substances, I will be subject to disciplinary action up to and including dismissal from employment.

I further agree that, in the event that I am involved in an on the job commercial motor vehicle accident (as defined by the terms of the Department's Drug Free Workplace policy), I authorize the release of relevant hospital reports or other documentation that would indicate whether there were alcohol and/or controlled substances in my system at the time of the accident.

I understand that the collection, testing, and reporting of my specimen or evidential breath test will be done in accordance with standard chain of custody procedures. If I am taking any prescription medication at the time of the test, I will be given the opportunity to reveal that information to the Medical Review Officer, if contacted.

I consent to the release of my test results received from the contracted laboratory and Medical Review Officer to Department management designated to receive such results. I understand that the test results will be held in confidence by the Department management and only released to supervisors on a "need to know" basis.

\_\_\_\_\_  
Employee Name (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Division

### **RETURN FORM TO THE HR OFFICE**