

**Urinalysis and Breath Analysis Consent Form
and
Certificate Of Receipt of Leeward Community College's Commercial Motor Vehicle
(CMV)
Operation Training Program's Drug and Alcohol Policy
Statement**

- I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all driver-applicants of this employer must be tested for controlled substances as a pre-condition for employment.
- I consent to the urine sample collection and testing for controlled substances.
- I understand that a verified positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.
- The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.
 - The results will not be released to any other parties without my written authorization.

**I understand the above conditions and hereby agree to comply with them and I received a copy of the
Leeward Community College's (CMV) Operation Training Program's Drug and Alcohol Policy Statement.**

Name (Print)	Driver's License#
Signature	Date



Controlled Substances Test Results Notification Form

Purpose of Form: The alcohol and controlled substances testing regulations require the employer to notify a driver of a verified positive controlled substance test result following a random, reasonable suspicion, post-accident, return-to-duty, or follow-up test. In the case of a pre-employment controlled substance test, a driver-applicant requesting results within 60 days of notification of the disposition of his or her employment application must be notified of the results by the employer (49 CFR 382.411a).

EMPLOYER - COMPLETE THE FOLLOWING:

Name (Print)		Date (Month/Day/Year)
Type of Test:	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random <input type="checkbox"/> Post-accident <input type="checkbox"/> Return-to-duty <input type="checkbox"/> Follow-up	
Test Results:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
If the driver is an employee who has tested positive, indicate the drug identified:		
	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> _____ <input type="checkbox"/> Amphetamines <input type="checkbox"/> Phencyclidine <input type="checkbox"/> _____	

I have received the above test results.	
Signature	Date (Month/Day/Year)
Witnessed by (Signature of Employer Representative)	Date (Month/Day/Year)
Title	

DATE: _____

