Florida Department of Corrections

**COMMERCIAL DRIVER LICENSE TESTING**

**DRUG AND ALCOHOL TESTING NOTICE**

In keeping with the requirements of Federal Motor Carrier Safety Administration 49 CFR 382, et.al, and United States Department of Transportation Regulation 49 CFR Part 40 and in accordance with the Department of Corrections’ Personnel Operating Procedure on Commercial Driver License Drug and Alcohol Testing, I understand that I have been requested to submit to the following drug and/or alcohol test (please check appropriate box(es)):

|  |  |  |
| --- | --- | --- |
| [ ]  Pre-employment |  | [ ]  Reasonable suspicion – Blood Alcohol |
| [ ]  Random – Drug  |  | [ ]  Post-accident |
| [ ]  Random – Breath Alcohol |  | [ ]  Return to duty |
| [ ]  Reasonable suspicion – Drug |  | [ ]  Follow-up |

It has been explained to me that refusal to submit to drug and/or alcohol testing may result in the rejection of my application for employment and/or disciplinary action up to and including dismissal and that any attempt to alter the drug and/or alcohol test will result in a positive test result.

I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment/hiring process to determine my eligibility for employment with the department, and that written confirmatory laboratory reports may be subject to disclosure under Florida’s Public Records Act.

I understand that if I am an employee of the Department and my drug and/or alcohol test result is positive, I will be subject to either referral to the Employee Assistance Program and/or a substance abuse professional. I will also be subject to disciplinary action up to and including dismissal, and/or removal from a certified position or a position requiring the use of a Commercial Driver License. These actions are outlined in the Department’s procedures on Commercial Driver License Drug and Alcohol Testing, Reasonable Suspicion Drug and Alcohol Testing, and Random Drug Testing for Certified Staff.

I acknowledge that, if requested, I will be provided with a copy of any of the above-referenced Department procedures (whichever is appropriate), and that Office of Human Resources, the Warden or Assistant Warden, Circuit Administrator or Deputy Circuit Administrator, or Authorizing Individual has answered any questions regarding drug or alcohol testing.

Approximately four ounces of specimen is required to successfully complete the test. If I experience difficulty providing a sufficient specimen amount, I will remain at the lab and follow standard hydration protocols. If I am unable to provide a sufficient specimen amount, I will contact the Office of Human Resources for instructions.

|  |  |  |
| --- | --- | --- |
|       |  |  |
| Donor’s Printed Name |  | Donor’s Signature |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Social Security Number |  | Date/Time |

|  |  |  |
| --- | --- | --- |
|       |  |  |
| Witness’s Printed Name |  | Witness’s Signature |