**“Your Trucking Company Name”**

**Drug and Alcohol Testing Policy for Drivers of Commercial Motor Vehicles**

**November 2021**

**Alcohol and Drug Abuse Policy**

**Statement of Purpose and Policy**

Drivers are an extremely valuable resource for “Your Trucking Company” (hereafter referred to as “Your Trucking Company”.,” “Company” or Employer”) business. Their health and safety is a serious Company concern. Drug or alcohol use may pose a serious threat to driver health and safety. It is, therefore, the policy of the Company to establish a “Drug Free Work Place” by preventing substance use or abuse from having an adverse effect on our drivers, and to provide all of our employees a working environment free from alcohol and controlled substance misuse. The Company maintains that the work environment is safer and more productive without the presence of alcohol, illegal or inappropriate drugs in the body or on company property. Furthermore, drivers have a right to work in an alcohol and drug-free environment, and to work with drivers free from the effects of alcohol and drugs. Drivers who abuse alcohol or use drugs are a danger to themselves, their coworkers, and the Company's assets.

**Scope of Coverage**

This policy covers all drivers of commercial vehicles owned or leased by “Your Trucking Company” who are required by their job descriptions to operate a commercial motor vehicle, and required to have either a Commercial Driver’s License or Permit required by Part 383 of the FMCSRs. The policy applies at all times whether the individual is assigned to a “Commercial Motor Vehicle” as defined herein or not. The policy is applicable to U.S. residents working in the USA, Canada or Mexico, and to Canadian or Mexican resident’s only working in the USA.

**DOT (FMCSA)**

The adverse impact of substance abuse by drivers has been recognized by the federal government. The Federal Motor Carrier Safety Administration (“FMCSA”) has issued regulations which require the Company to implement a controlled substance testing program. The Company will comply with these regulations, and is committed to maintaining a drug-free workplace. All drivers are advised that remaining drug-free and medically qualified to drive are conditions of continued employment with the Company.

**Company Related Activities**

Specifically, it is the policy of the Company that the use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance (except medically prescribed drugs) by any driver while on company premises, engaged in company business, while operating company equipment, or while under the authority of the Company is strictly prohibited. FMCSA states that mandatory testing must apply to every person who operates a commercial motor vehicle in interstate or intrastate commerce, and is subject to the CDL licensing requirement of Part 383 of the FMCSR.

**Execution and Enforcement**

The execution and enforcement of this policy will follow set procedures to screen body fluids (urinalysis), conduct breath testing, and/or search all driver applicants for alcohol and drug use, and those drivers suspected of violating this policy who are involved in a U.S. Department of Transportation ("DOT") reportable accident, or who are periodically or randomly selected pursuant to these procedures. These procedures are designed not only to detect violations of this policy, but to ensure fairness to each driver. Every effort will be made to maintain the dignity of drivers or driver applicants involved. Disciplinary action will, however, be taken as necessary.

“Your Trucking Company intends to comply with all applicable state and federal laws. If a law is found to be in conflict with this policy, the law will govern. With this understanding, “Your Trucking Company” has a “One Strike” policy. Employees who violate company policy or the prohibitions established under 49 CFR Parts 40 and/or 382 for the first time will be removed from safety-sensitive functions and given the opportunity to undergo treatment by a Substance Abuse Professional and return-to-duty, and follow-up testing at their own expense. Any subsequent violations will result in termination from employment.

**Terms of Employment/Changes and Effective Date**

Neither this policy nor any of its terms are intended to create a contract of employment or to contain the terms of any contract of employment. The Company retains the sole right to change, amend, or modify any term or provision of this policy without notice. This policy is effective 11/25/2021 and will supersede all prior policies and statements relating to alcohol or drugs.

**Administrative Guide Alcohol and Drug Testing Procedures**

The purpose of this administrative guide is to set forth the procedures for the implementation of controlled substances and alcohol use and testing of driver applicants and current drivers pursuant to the Alcohol and Drug Abuse Policy. These procedures are intended as a guide only, and are in no way intended to alter any existing relationship between “Your Trucking Company” and any driver.

**Designated Employer Representative (DER)**

“Your Trucking Company” DER designated to monitor, facilitate, and answer questions pertaining to these procedures is:

**Input your Company representative name and address here :**

**Definitions**

When interpreting or implementing these procedures, or the procedures required by the Federal Motor Carrier Safety Administration ("FMCSA") controlled substance testing regulations, the following definitions apply:

Actual Knowledge means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee's admission of alcohol or controlled substance use, except as provided in §382.121. Direct observation as used in this definition means observation of alcohol or controlled substances use and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing under §382.307.

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

Alcohol concentration (or content) means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this part.

Collection site means a place where individuals present themselves for the purpose of providing breath, body fluid, or tissue samples to be analyzed for specified controlled substances. The site must possess all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage and transportation or shipment of the samples to a laboratory.

Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or

2. Has a gross vehicle weight rating of 26,001 or more pounds; or

3. Is designed to transport 16 or more passengers, including the driver; or

4. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act, and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

Note: This definition applies to all commercial vehicles “Your Trucking Company” operates, and therefore all drivers of such vehicles are subject to this policy.

Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) means the FMCSA database that subpart G of this part requires employers and service agents to report information to and to query regarding drivers who are subject to the DOT controlled substance and alcohol testing regulations.

Note: As of January 6, 2020, the following personal information collected and maintained under this part by “Your Trucking Company”., and/or their C/TPA shall be reported to the Clearinghouse:

• A verified positive, adulterated, or substituted drug test result;

• An alcohol confirmation test with a concentration of 0.04 or higher;

• A refusal to submit to any test required by subpart C of this part;

• An employer's report of actual knowledge, as defined at §382.107: o On duty alcohol use pursuant to §382.205; o Pre-duty alcohol use pursuant to §382.207; o Alcohol use following an accident pursuant to §382.209; and o Controlled substance use pursuant to §382.213;

• A substance abuse professional (SAP as defined in §40.3 of this title) report of the successful completion of the return-to-duty process;

• A negative return-to-duty test; and

• An employer's report of completion of follow-up testing.

Consortium/Third party administrator (C/TPA) means a service agent that provides or coordinates one or more drug and/or alcohol testing services to DOT-regulated employers. C/TPAs typically provide or coordinate the provision of a number of such services and perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members (e.g., having a combined random testing pool). C/TPAs are not “employers” for purposes of this part.

Controlled substance has the meaning assigned by 21 U.S.C. 802 and includes all substances listed on Schedules I through V as they may be revised from time to time (21 CFR 1308). The following controlled substances shall be tested for as required by the Department of Transportation (49CFR Part 40) and this policy:

• Marijuana

• Cocaine

• Amphetamines (Amphetamine, Methamphetamine, MDMA, MDA)

• Opioids (Codeine, Morphine, 6-AM (Heroin), Hydrocodone, Hydromorphone, Oxycodone, Oxymorphone)

• Phencyclidine (PCP)

Note: Drivers should become familiar with these regulated controlled substances, and whenever discussing medical treatment with their personal physician, must make the doctor aware of their job duties and regulations they must comply with.

Designated employer representative

(DER) An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties or cause employees to be removed from these covered duties and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Service agents cannot act as DERs.

Driver means any person who operates a commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer, or who operate a commercial motor vehicle at the direction of or with the consent of an employer.

Drug means any substance (other than alcohol) that is a controlled substance as defined in this section and 49 CFR Part 40. FMCSA means the Federal Motor Carrier Safety Administration, U.S. Department of Transportation.

Medical Review Officer (MRO) means a licensed M.D. or D.O. with knowledge of drug abuse disorders that is employed or used by a motor carrier to conduct drug testing in accordance with this part.

Performing (a safety-sensitive function) means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

Random selection process means that alcohol and drug tests are unannounced; The random testing, once begun, will provide for drug testing and alcohol testing at the current percentages established by the FMCSA, as per 382.305, or at the higher percentage (s) as established by “Your Trucking Company”

**Refuse to submit (to an alcohol or controlled substances test) means that a driver:**

• Failed to appear for any test (except a pre-employment test) within a reasonable time, as determined by the motor carrier, consistent with applicable DOT agency regulations, after being directed to do so by the motor carrier. This includes the failure of a driver (including an owner-operator) to appear for a test when called by a C/TPA

• Failed to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences a pre- employment test is not deemed to have refused to test;

• Failed to provide a urine specimen for any drug test required by this part or DOT agency regulations. Provided, that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test;

• Failed to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;

• Failed or declines to take a second test the motor carrier or collector has directed the driver to take;

• Failed to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER. In the case of a pre- employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;

• Failed to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process);

• Is reported by the MRO as having a verified adulterated or substituted test result

• In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen;

• For an observed collection, fail to follow the observer’s instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.

• Possess or wear a prosthetic or other device that could be used to interfere with the collection process.

• Admitted to the collector or MRO that they adulterated or substituted the specimen.

Reasonable cause means that the motor carrier believes the actions or appearance or conduct of a commercial motor vehicle driver who is on duty as defined below, are indicative of the use of a controlled substance.

Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work, until the time he/she is relieved from work and all responsibilities for performing work.

**Safety sensitive functions shall include:**

• All time at an employer or shipper plant, terminal, or facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier.

• All time inspecting equipment as required by sections 392.7 and 392.8 of this subchapter or otherwise inspection, servicing, or conditioning any commercial motor vehicle at any time.

• All time spent at the driving controls of a commercial motor vehicle in operation.

• All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth; (a berth conforming to the requirements of section 393.76 of this subchapter).

• All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.

• All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Substance abuse professional (SAP) means a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances related disorders.

**Substances Prohibited/Prescription Medications**

Alcohol use means the consumption of any beverage, mixture, or preparation, including any medication containing alcohol which, when consumed, causes an alcohol concentration in excess of those prescribed by Part 382 Subpart B (FMCSR) and this policy.

Controlled Substances In accordance with FMCSA rules, urinalysis will be conducted to detect the presence of the following substances:

• Marijuana

• Cocaine

• Amphetamines (Amphetamine, Methamphetamine, MDMA, MDA)

• Opioids (Codeine, Morphine, 6-AM (Heroin), Hydrocodone, Hydromorphone, Oxycodone, Oxymorphone)

• Phencyclidine (PCP)

Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMCSA in accordance with the recommendations established by the 49 CFR Part 40.

NOTE - Drivers must remain “fit-for-duty” whenever performing or ready to perform safety sensitive functions. With this understanding drivers must work with their health care provider in determining the effects of their medical condition, including consumption of legally prescribed medication, on their ability to perform safety sensitive functions. Drivers, after consulting with their health care provider, who feel they are unfit or who have been advised not to perform safety sensitive functions because of a health condition or medication shall inform their supervisor they are not “fit-for-duty”. At the sole discretion of their supervisor a driver may be temporarily removed from performing safety sensitive functions during the course of treatment for the medical condition. If the medical condition allows a driver may be assigned other non-safety sensitive job responsibilities. “Over the counter” medication could have an adverse effect on a driver’s ability to perform their job-related duties safely. Drivers taking such medication and feel they are unfit to perform safety sensitive functions must inform their supervisor they are not fit for duty.

**Prohibitions**

**Alcohol Prohibitions**

The alcohol rules prohibit any alcohol misuse that could affect performance of a safety-sensitive function, including:

1. Use while performing safety-sensitive functions.

2. Use during the 4 hours before performing safety-sensitive functions.

3. Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater.

4. Possession of alcohol beverages.

5. Use during 8 hours following an accident, or until he/she undergoes a post-accident test.

6. Refusal to take a required test.

**NOTE:** A driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions until the start of the driver’s next regularly scheduled duty period, but not less than 24 hours following the administration of the test. The other consequences imposed by the regulations and discussed below do not apply. However, documentation of this test constitutes written warning that company policy has been violated, and the next occurrence could result in disqualification of a driver.

**Drug Prohibitions**

The regulations prohibit any drug use that could affect performance of safety-sensitive functions, including:

1. Use of any drug, except by doctor's prescription, and then only if the doctor has advised the driver that the drug will not adversely affect the driver's ability to safely operate the CMV.

2. Testing positive for drugs.

3. Testing positive for Adulterants, dilution or substitution will be treated as a positive test.

4. Refusing to take a required test

**Actual Knowledge and Driver’s Request for Assistance**

**Actual Knowledge**

If “Your Trucking Company” acquires actual knowledge, as defined, that a driver has violated the prohibitions of the FMCSA’s Drug and Alcohol Regulations he/she will be removed from performing safety-sensitive functions. “Your Trucking Company” policies established for a driver testing positive for drugs and/or alcohol will apply.

It is a company policy that information acquired indicating a driver has tested positive or misused drug and/or alcohol, while employed by or under contract with “Your Trucking Company” or within three years of his/her application date, that is not specifically covered in the definition “Actual Knowledge” will be removed from performing safety sensitive functions. The driver must complete a non-DOT return to duty program consisting of an evaluation by a drug and alcohol abuse expert, return to duty test and follow-up tests as recommended by the drug and alcohol abuse expert. Additionally, a driver must adhere to treatment, aftercare or support group services if recommended by the drug and alcohol abuse expert. Once completed the driver may return to a safety sensitive function.

**Driver’s Request for Assistance**

It is the policy of “Your Trucking Company” that if during the course of employment, independent of and prior to notification of a required drug or alcohol test, and prior to the performance of a safety sensitive function, the driver acknowledges a substance abuse problem and requests assistance, the problem may be treated as if it were an illness. The driver will be removed from performing safety sensitive functions and will be subject to the following provisions:

• The decision to seek diagnosis and accept treatment for the substance abuse problem is the responsibility of the driver.

• The diagnosis and prescribed treatment of the driver's condition will be determined by a drug and alcohol abuse expert (employee assistance professional, substance abuse professional or qualified drug and alcohol counselor) designated by the DER in conjunction with the driver's physician.

• The driver might be placed on medical leave for a predetermined period recommended by those medical professionals if the drug and alcohol abuse expert determines that such action is appropriate.

• Prior to performing safety sensitive functions, the driver will provide written proof verifying successful completion of an educational and/or treatment program as outlined by a drug and alcohol abuse expert.

• Prior to performing a safety sensitive function, the driver will undergo a return to duty alcohol test indicating an alcohol concentration of less than 0.02 and a controlled substance test with a verified negative test result.

• The driver will be subject to minimum of six follow-up drug and alcohol tests over a 12-month period or as prescribed by the drug and alcohol abuse expert if he/she deems more tests are required in order to ensure continued sobriety and/or abstinence from drug use.

A driver must adhere to treatment, aftercare or support group services if recommended by the drug and alcohol abuse expert.

**Circumstances for Testing**

**Required Testing**

Company policy and the Federal Motor Carrier Safety Regulations require all drivers, subject to drug and alcohol testing requirements, be tested; therefore, all drivers shall be tested under the following circumstances.

**Pre-Employment Testing**

**Applicant Testing**

All driver applicants will be required to submit to and pass a urine drug test as a condition of employment. Job applicants, who are denied employment because of a positive test, may reapply for employment after six months. Proof of successful completion of an evaluation, referral and treatment program as recommend by a Substance Abuse Professional (SAP) must be provided to “Your Trucking Company” before “Your Trucking Company” will consider employment. The final report from the SAP must contain the information required by Part 40 Subpart O.

**Employment Offer**

Offers of employment are made contingent upon passing the Company's medical review, including a drug test. Driver applicants who have received firm employment offers are to be cautioned against giving notice at their current place of employment, or incurring any costs associated with accepting employment with “Your Trucking Company “until after medical clearance has been received. All newly hired drivers shall be on a probationary status for 30 days, contingent upon medical clearance for illicit controlled substance use or alcohol misuse. Under no circumstances may a driver perform a safety-sensitive function until a confirmed negative result is received.

Driver applicant drug testing shall follow the collection, chain-of-custody, and reporting procedures as set forth in CFR 49 Part 40.

**Clearinghouse**

 ***– Pre-Employment Query Required –***

Effective January 6, 2020, all driver applicants will be required to give specific consent through the Clearinghouse in order for “Your Trucking Company” and/or their C/TPA to conduct a full query to the Clearinghouse in order to obtain information about whether the driver has a verified positive, adulterated, or substituted controlled substances test result; has an alcohol confirmation test with a concentration of 0.04 or higher; has refused to submit to a test in violation of §382.211; or that an employer has reported actual knowledge, as defined at §382.107, that the driver used alcohol on duty in violation of §382.205, used alcohol before duty in violation of §382.207, used alcohol following an accident in violation of §382.209, or used a controlled substance, in violation of §382.213. “Your Trucking Company” will not employ a driver subject to controlled substances and alcohol testing under this part to perform a safety-sensitive function without first conducting a pre-employment query of the Clearinghouse. Further, “Your Trucking Company” will not permit a driver to perform safety-sensitive functions without first obtaining specific consent through the Clearinghouse from the driver applicant.

**Employee Drivers**

Under all circumstances, when a driver is directed to provide either a breath test or urine sample in accordance with these procedures, he/she must immediately comply as instructed. Refusal will constitute a positive result, and the driver will be immediately removed from the safety-sensitive function, and will be subject to further discipline or termination of employment as appropriate.

Clearinghouse – Annual Query Required - Effective January 6, 2020, “Your Trucking Company” and/or it’s C/TPA will conduct a limited query at least once per year for information for all employees subject to controlled substance and alcohol testing under this part to determine whether information exists in the Clearinghouse about those employees. Limited query will be performed after driver grants consent. Individual drivers may give consent to conduct limited queries that is effective for more than a year. The limited query will tell the employer whether there is information about the individual driver in the Clearinghouse, but will not release that information to the employer. If the limited query shows that information exists in the Clearinghouse about the individual driver, “Your Trucking Company” and/or their C/TPA will conduct a full query within 24 hours. The driver must grant the employer specific consent through the Clearinghouse to conduct the full query. If the employer fails to conduct, or the driver fails to give consent for the full query within 24 hours, the employee must not allow the driver to continue performing SSF until the employer conducts the full query and the results confirm that the driver’s Clearinghouse record contains no prohibitions.

In the event the Clearinghouse indicates there is a D&A violation of the prohibitions as established by Part 382 of the regulations, and the driver has not completed an SAP evaluation, referral, and education/treatment process set forth in part 40, subpart O, of this title, the driver will not perform SSF until they’ve completed the SAP evaluation, referral, and education/treatment process set forth in part 40, subpart O, of this title. Driver will be given one opportunity to undergo the SAP/RTD process with “Your Trucking Company” at the driver’s own expense. Any subsequent violations will result in termination from employment.

**Reasonable Suspicion Testing**

**Suspicion-Based Testing**

Reasonable Suspicion: If a driver is having work performance problems or displaying behavior that may be alcohol or drug-related, or is otherwise demonstrating conduct that may be in violation of this Policy where immediate management action is necessary, a supervisor or dispatcher, with the concurrence of the DER, will require that driver to submit to a breath test or urinalysis. The following conditions are signs of possible alcohol or drug use (not all-inclusive):

• Abnormally dilated or constricted pupils

• Glazed stare - redness of eyes (sclara)

• Flushed face

• Change of speech (i.e., faster or slower)

• Constant sniffing

• Increased absences

• Redness under nose

• Sudden weight loss

• Needle marks

• Change in personality (i.e., paranoia)

• Increased appetite for sweets

• Forgetfulness - performance faltering - poor concentration

• Borrowing money from coworkers or seeking an advance of pay or other unusual display of need for money

• Constant fatigue or hyperactivity

• Smell of alcohol

• Slurred speech

• Difficulty walking

• Excessive, unexplained absences

• Dulled mental processes

• Slowed reaction rate

**Supervisors’ Actions**

Supervisors or dispatchers must take action if they have reason to believe one or more of the above-listed conditions is indicated, and that the substance abuse is affecting a driver's job performance or behavior in any manner. A supervisor or dispatcher observing such conditions will take the following actions immediately:

• Confront the employee involved, and keep under direct observation until the situation is resolved.

• Secure the DER's concurrence to observations; job performance and company policy violations must be specific.

 After discussing the circumstances with the supervisor or dispatcher, the DER will arrange to observe or talk with the driver. If he/she believes, after observing or talking to the driver, that the conduct or performance problem could be due to substance abuse, the driver will be immediately required to submit to a breath test or urinalysis. If the driver refuses to submit to testing for any reason, the driver will be informed that continued refusal will result in disqualification from performing any safety-sensitive function.

• Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from driving duties. All confiscated evidence will be receipted for with signatures of both the receiving supervisor, as well as the provider.

 If upon confrontation by the supervisor or dispatcher, the driver admits to use but requests assistance, the DER will arrange for the appropriate test(s) and provide the names of substance abuse professionals (SAP).

**Document Facts**

The supervisor or dispatcher shall, within 24 hours or before the results of the controlled substance test are released, document the particular facts related to the behavior or performance problems, and present such documentation to the DER.

**Transport Driver**

The DER will remove or cause the removal of the driver from the Company-owned vehicle, and ensure that the driver is transported to an appropriate collection site and thereafter to the driver's residence or, where appropriate, to a place of lodging. Under no circumstances will that driver be allowed to continue to drive a Company vehicle or his/her own vehicle or perform safety sensitive functions until a confirmed negative test result is received by “Your Trucking Company”

**Post-Accident Testing**

Currently, federal regulations place the burden of compliance with post-accident alcohol and drug testing regulations on the driver. Therefore, all drivers are required to provide a breath test and a urine specimen to be tested for the use of controlled substances "as soon as practicable" after an accident. The driver shall remain readily available for such testing or may be deemed by the DER to have refused to submit to testing. No alcohol may be consumed for 8 hours after the accident or until a test is conducted. If the driver is seriously injured and cannot provide a specimen at the time of the accident, he/she shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any controlled substances in his/her system.

**Alcohol tests.**

If a test required by this section is not administered within two hours following the accident, the employer shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a test required by this section is not administered within eight hours following the accident, the employer shall cease attempts to administer an alcohol test and shall prepare and maintain the same record. Records shall be submitted to the FMCSA upon request.

**Controlled substance tests.**

If a test required by this section is not administered within 32 hours following the accident, the employer shall cease attempts to administer a controlled substances test, and prepare and maintain on file a record stating the reasons the test was not promptly administered. Records shall be submitted to the FMCSA upon request.

**Accident Definition**

An accident is defined by FMCSA regulations as:

An occurrence involving a commercial motor vehicle operating on a public road which results in:

• A fatality;

• Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

• One or more motor vehicles incurring disabling damage as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.

**The term accident does not include:**

• An occurrence involving only boarding and alighting from a stationary motor vehicle; or

• An occurrence involving only the loading or unloading of cargo; or

• An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle (as defined in 49 CFR section 571.3) by a motor carrier and is not transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with 49 CFR section 177.823.

**Post Accidents test(s) are requested under the following circumstances:**



**Collection Process**

A list of nationally available collection sites will be provided through the Company dispatchers, including pertinent instructions and procedures prior to the driver operating a commercial motor vehicle. Drivers involved in an accident requiring drug and alcohol testing as prescribed above must call the following number to initiate the post-accident testing process: • If the accident occurs between: 7:00 AM and 5:30 PM Central Time call: 877-826-4628 • If the accident occurs after 5:30 PM and before 7:00 AM Central Time call: 877-378-3462

**Mandatory Compliance**

Adherence by drivers to post-accident specimen collection requirements is a condition of continued employment.

**Random Testing**

The Company will conduct random testing for all covered drivers as follows:

1. A company-wide selection process which removes discretion in selection from any supervisory personnel will be adopted by the Company. This process will select covered drivers through the use of a computerized program.

2. The random testing, once begun, will provide for drug testing and alcohol testing at the current percentages established by the FMCSA, as per 382.305, or at the higher percentage (s) as established by “Your Trucking Company”

3. The random testing will be reasonably spaced over any twelve (12) month period.

4. Once notified, a driver must proceed immediately to the assigned collection site.

**Return-To-Duty Testing**

Before a driver returns to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by this policy and Part 382 Subpart B (FMCSR), the driver shall undergo a return-to-duty alcohol test with a result of less than a 0.02 BAC, or receive a confirmed negative result from a controlled substance urinalysis test. Return-to-Duty testing will be conducted at the employee’s expense.

**Follow-Up Testing and Treatment Program**

**Follow-Up Testing**

Drivers having a verified positive controlled substance test result and/or an alcohol test result having a concentration of 0.04 or greater may/will be subjected to follow-up testing as determined by a substance abuse professional (SAP). Follow-up testing will be conducted at the employee’s expense.

**Treatment**

The DER will be responsible for designating the appropriate substance abuse professional who, in conjunction with the driver's physician, will diagnose the problem and recommend treatment.

\* The driver's successful completion of the approved treatment program is a condition of continued employment as a driver.

\* Following successful completion of any approved treatment program, the driver will be required to submit to at least six random drug tests during the first year, and follow-up testing may be conducted for up to 60 months. Failure to adhere to this condition is grounds for immediate termination.

\* All supervisors or dispatchers will receive training to assist them in identifying alcohol and drug use behavioral characteristics.

** Treatment will be at the employee’s expense.**

Collection of Breath and Urine Specimens and Laboratory Analysis

**Breath alcohol testing**

Breath alcohol testing will be conducted either on site or at a prearranged location by a qualified Breath Alcohol Technician according to CFR 49 Part 40 procedures. Refusal to complete and sign the testing form or refusal to provide breath will be considered a positive test, and the driver will be removed from a safety-sensitive function until resolved.

**Specimen Collection**

Specimen collection will be conducted in accordance with applicable state and federal law (49 CFR Part 40). The collection procedures will be designed to ensure the security and integrity of the specimen provided by each driver, and those procedures will strictly follow federal chain-of-custody guidelines. Moreover, every reasonable effort will be made to maintain the dignity of each driver submitting a specimen for analysis in accordance with these procedures.

**Laboratory Analysis**

As required by FMCSA regulations, only a laboratory certified by Department of Health and Human Services (DHHS) to perform urinalysis for the detection of the presence of controlled substances will be retained by the Company. The laboratory will be required to maintain strict compliance with federally approved chain-of custody procedures, quality control, maintenance, and scientific analytical methodologies.

**Consequences: Appeal of Test Results**

**Effects on Health and Safety**

Alcohol and drug abuse may not only threaten the safety and productivity of all employees at “Your Trucking Company”, but causes serious individual health consequences to those using them. You will be provided materials that outline several personal consequences which may result after abuse of controlled substances. Any confirmed actions prohibited by this policy, while performing a safety-sensitive function or refusing to take a breath test, will be grounds for disqualification as a driver.

**Positive Test(s) or Refusal**

A driver testing positive for alcohol or drug use is subject to termination. Refusal to submit to testing will also be considered a positive.

Remember: Refusal may be defined as not providing a breath sample or urine as directed, neglecting to sign appropriate control forms, using alcohol within 8 hours of an accident, or engaging in conduct that clearly obstructs the testing process.

**One-Strike Policy**

“Your Trucking Company” has a “One Strike Policy”. Any driver testing positive for drugs and/or alcohol will be allowed to complete the Return-To-Duty process at their own expense. Upon satisfactory completion, as documented by the SAP (Substance Abuse Professional), the driver shall be allowed to return to their driving position. Failure to comply with follow-up recommendations mandated by the SAP or testing positive including refusing to test in subsequent tests shall result in immediate termination of employment.

**Medical Review Officer (MRO)**

Any driver testing positive for the presence of a controlled substance will be contacted by the Company's MRO. The driver will be allowed to explain and present medical documentation to explain any permissible use of a drug. All such discussions between the driver and the MRO will be confidential. The Company will not be a party to, or have access to matters discussed between the driver and the MRO. If medically supportable reasons exist to explain the positive result, the MRO will report the test result to the Company as a negative. All MRO processes follow CFR 49 Part 40.

**Driver’s Right to Have Split Sample Tested**

Within 72 hours after the driver has been notified of a positive test result for drugs, he/she may request a retest of the split sample. This request will be provided to the MRO, who will then initiate the new laboratory analysis. If a different result is detected by the subsequent laboratory, the test will be voided by the MRO, and the company DER will be notified. A retest may be initiated as appropriate.

**Confidentiality**

**Release of Drug/Alcohol Related Information**

Under no circumstances, unless required or authorized by law, will alcohol or drug testing information or results for any employee or applicant be released without written request from the applicant/employee.

**Right to Obtain Records**

Drivers are entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substance tests.

**Collections**

Collection of breath and urine samples will always be documented and sealed with a tamper-proof sealing system in the presence of the driver, to ensure that all tests can be correctly traced to the driver.

**Test Results**

Drug test analysis from the DHHS-approved laboratory will be forwarded directly to the Medical Review Officer assigned by the DER.

**Record Retention**

Alcohol test results will be forwarded by the MRO to the DER for confidential recordkeeping.

**Effects of Alcohol and Controlled Substance Abuse**

**Alcohol**

Alcohol is a central system depressant found in beer, wine, hard liquor and in some over-the-counter medications.

Considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings, alcohol is widely abused primarily due to its social acceptance and availability. “Abuse” occurs when it is used primarily for its physical and mood-altering effects. About half of all auto accident fatalities in the United States are related to alcohol abuse.

**Signs and Symptoms of Use:**

• Dulled mental processes;

• Lack of coordination;

• Odor of alcohol on breath;

• Pupils may be constricted;

• Sleepy or stuporous condition;

• Slowed reactions; and

• Slurred Speech

**Other Effects:**

• Greatly impaired driving ability;

• Reduced coordination and reflex actions;

• Impaired vision and judgment;

• Inability to divide attention;

• Lowered inhibitions; and

• Headaches, nausea, dehydration, unclear thinking, unsettled digestion, and aching muscles are associated with overindulgence (hangover).

**How Does It Work on the Body?**

Alcohol first acts on the parts of the brain that affect self-control and other learned behaviors. Diminishing self-control often leads to aggressive behavior. In large doses, alcohol dulls sensations and impairs muscular coordination, memory, and judgment. After ingestion, alcohol is absorbed through the stomach and intestine into the bloodstream. Here it passes through the liver, where it is metabolized in several steps. Metabolism helps prevent alcohol from accumulating in the body and destroying cells and organs. The liver can’t metabolize alcohol as quickly as the body can absorb it. This is the point of intoxication. Any concentration of alcohol that remains un-metabolized can be detected and measured during a blood alcohol concentration test. Many factors contribute to levels of alcohol absorption, rates of metabolism and intoxication. Among them are: body size and weight, food ingested, gender, physical condition, and other drugs or medications in the body. Impairment begins with one drink.

**Health Effects:**

While beer, wine, and hard liquor are considered recreational beverages when consumed in moderation, our bodies view alcohol as a poison that needs to be expelled. And when alcohol is abused, our bodies can’t expel it fast enough, causing damage to critical organs.

Over time, chronic\* consumption of alcohol may result in the following health hazards:

• Liver damage;

• Inflammation of the esophagus;

• Aggravation of peptic ulcers;

• Acute and chronic pancreatitis;

• Malabsorption of food nutrients that may lead to malnutrition; • Heart attack; • Hypertension;

• Stroke;

• Immune system depression (makes body more susceptible to infections);

• Cancers of the liver, esophagus, nasopharynx or larynx; and

• Brain damage (dementia, blackouts, seizures, hallucinations, peripheral neuropathy).

***NOTE: On average, heavy drinkers shorten their life span by about 10 years***

\*Chronic consumption of alcohol = Average of three servings per day of 12 ounces of beer, 11/2 ounces of whiskey or 5 ounces of wine.

**Alcohol’s Trip Through the Body:**

Alcohol can do more physical damage than most people realize:

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and esophagus, making them vulnerable to disease. Stomach and Intestines: Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. If this condition becomes acute it can cause a perforation of the stomach wall (peritonitis). In the small intestine, alcohol blocks absorption of important substances, such as thiamine, folic acid, fat, vitamin Bl, vitamin Bl2, and amino acids.

Bloodstream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duo-denum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to destroy bacteria and degenerates the clotting ability of blood platelets. Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell and block the flow of digestive enzymes. Unable to enter the small intestine, the digestive juices begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five people who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, resulting in diabetes. Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. About 30,000 people die of liver disease each year. This disease is eight times more frequent among alcoholics than among non-alcoholics. Heart: Alcohol causes inflammation of the heart muscle. Fat collects around the heart, disrupting its normal metabolism. Urinary Bladder and Kidneys: Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids. Sex Glands: Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse. Brain: The most dramatic and noticed effect of alcohol is on the brain, reaching and affecting it within 15 minutes of consumption. Alcohol kills brain cells and brain damage is permanent. It depresses brain centers, producing progressive lack of coordination, confusion, disorientation, stupor, anesthesia, coma and even death. Drinking over a period of time causes loss of memory, judgment and learning ability. About 40,000 people die each year from brain disease.

**How Alcohol Impairs Functions Needed for Driving:**

Because it takes subtle and complex skills to operate a motor vehicle safely, people are susceptible to impairment from even low doses of alcohol. The evidence linking alcohol and transportation accidents is supported by experimental studies conducted by the National Institute on Alcohol Abuse and Alcoholism, relating the effect of alcohol on specific driving- related skills.

**What is Impairment?**

Impairment is related to alcohol in terms of its concentration in the bloodstream. For example, a blood alcohol concentration (BAC) of 0.04 percent might be achieved by a 150-pound man consuming two drinks in one hour.

**Impaired Attention Span**

Drivers must divide their attention among many skills in order to keep a vehicle in the proper lane while monitoring the environment for vital safety information, such as other vehicles, traffic signals and pedestrians. Results of numerous studies show that a deficit in the ability to divide attention may occur at 0.02 percent BAC.

**Impaired Visual Tracking/Perception:**

In driving, the eyes must focus briefly on important objects in the visual field and track them as they move (along with the vehicle). Low to moderate BACs (0.03 to 0.05 percent) interfere with voluntary eye movements, impairing the eye's ability to rapidly track a moving target.

**Impaired Reaction Time**

Steering is a complex psychomotor task. A delay in the body's eye-to-hand reaction time is compounded by the visual effects described above, causing significant impairment in steering ability at about 0.035 percent BAC.

**Impaired Information Processing**

Alcohol impairs nearly every aspect of the brain's information processing. Alcohol-impaired drivers require more time to read street signs or respond to traffic signals than unimpaired drivers. As a result, impaired drivers tend to look at fewer sources of information. A narrowing of the field of attention begins at about 0.04 percent BAC.

**Marijuana**

Also known as grass, pot, weed, gold, joint, hemp, reefer. Active chemical -THC

Marijuana is one of the most misunderstood and underestimated drugs of abuse. It is used for its mildly tranquilizing, mood and perception altering effects. It alters the brain's interpretation of incoming messages but does not depress the reactions of the central nervous system. It alters a person’s sense of time and reduces the ability to perform tasks requiring concentration, swift reflexes and coordination. The drug has a significant effect on a user's judgment, caution and sensory/motor abilities.

Signs and Symptoms of Use:

• Reddened eyes;

• Slowed speech; • Distinctive, pungent odor on clothing (aroma of alfalfa combined with incense);

• Lackadaisical "I don't care" attitude;

•Chronic fatigue and lack of motivation;

• Irritating cough; and

• Chronic sore throat.

**Other Effects:**

• Restlessness;

• Inability to concentrate;

• Increased pulse rate and blood pressure;

• Rapidly changing emotions and erratic behavior;

• Impaired memory and attention;

• Fantasies and paranoia;

• Decrease in/temporary loss of fertility;

• Distorted perception of time;

• Apathy;

• Delayed decision making;

• Aggressive urges;

• Anxiety; and

• Confusion.

**Health Effects:**

Over time, long-term inhalation of marijuana smoke may result in the following health hazards:

• Lung irritations; • Emphysema-like conditions; • Cancer; • Heart conditions; • Respiratory tract and sinus infections caused by the fungus Aspergillis, a common contaminant of marijuana; • Lowered immune system response; • Aggravation of ulcers; and • Brain damage.

NOTE: Marijuana causes long term negative effects of mental function - also known as "acute brain syndrome," characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

**How Marijuana impairs functions needed for driving:**

Next to alcohol, marijuana is the most frequently found substance in drivers involved in fatal crashes.

• Driving ability is impaired for at least 4-6 hours after smoking one "joint" (cigarette). • Impaired signal detection (ability to detect a brief flash of light). • Impaired tracking (ability to follow moving objects with the eyes). • Impaired visual distance measurements. • THC is stored in body fat and is slowly released over time, causing a long-term effect on overall performance. • Like the other drugs that appear in this handbook, marijuana chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

**Facts:**

• Marijuana remains in the body for 28 days. This is in contrast to alcohol which dissipates in a matter of hours.

 • A 500% to 800% increase in THC potency in the past several years makes smoking three to five joints (cigarettes) per week today the equivalent of 15 to 40 joints per week in 1978.

• Combining marijuana with alcohol or other depressant drugs can produce a multiplied effect, increasing the impairment caused by all substances.

Cocaine

A stimulant drug also known as blow, Charlie, coke, snow or zip when it is inhaled (snorted), ingested or injected. Free-base cocaine, known as base, crack or rock, is smoked.

Cocaine is used medically as a local anesthetic. It is abused for its powerful physical and mental stimulant properties. The entire central nervous system is energized by cocaine. Heart rate and blood pressure are elevated. Muscles become more tense and the body burns more energy. The brain experiences an exhilaration caused by a large release of neuro-hormones associated with mood elevation. Crack or rock cocaine gets its name from the popping sound heard when it is heated. The most dangerous effect of crack is that it can cause vomiting, rapid heartbeat, tremors and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing and heartbeat are depressed and can lead to death.

**Signs and Symptoms of Use:**

• Fatigue;

• Anxiety and agitation;

• Runny or irritated nose; Difficulty in concentration;

• Dilated pupils and visual impairment;

• High blood pressure, heart palpitations

• heart rhythm;

• Insomnia; and

• Profuse sweating and dry mouth.

**Other Effects:**

• Impaired driving ability; • Hallucinations; • Talkativeness; • Restless, aggressive behavior; • Wide mood swings; • Increased physical activity; • Heightened, but momentary, feeling of confidence, strength and endurance; • Paranoia (which can trigger mental disorders in users prone to mental instability); • Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane, which may cause nosebleeds; • Compulsive behavior such as teeth grinding or repeated hand washing; and • Craving for more cocaine.

**Health Effects:**

• Accelerated pulse, blood pressure and respiration. May cause spasms of blood vessels in the brain and heart, leading to ruptured vessels that lead to heart attack and stroke. • Regular use may upset the chemical balance of the brain, which may speed up the aging process by causing irreparable damage to critical nerve cells. • Mental dependency on crack, cocaine occurs within days (within several months when coke is snorted). • Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid and the fatal effects of an overdose are usually not reversible by medical intervention.

How Cocaine Impairs Functions Needed for Driving: Cocaine chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

**Amphetamines and Methamphetamines**

**Stimulant drugs.**

Some common street names for amphetamines are speed, uppers, black beauties, bennies, wake-ups and dexies.

Some common street names for methamphetamines are ice, crank, crystal meth, 64 glass, cristy, go fast, OZs and in smokable form “LA glass" (as in the city of Los Angeles).

Amphetamines and methamphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. While amphetamines are usually sold in tablet form, methamphetamines are available as powder, and may be swallowed, snorted or injected.

Although they were widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. In action, methamphetamines are nearly identical to amphetamines. They are abused for the physical sense of energy at lower doses and the mental exhilaration of higher doses. Even small, infrequent doses can produce toxic effects in some people.

**Signs and Symptoms of Use:**

• Hyper-excitability, restlessness, anxiety; • Dilated pupils; • Profuse sweating; • Rapid respiration; • Difficulty in focusing eyes; and • Exaggerated reflexes, body tremors.

**Other Effects:**

• Impaired driving ability; • Loss of appetite; • Headaches/dizziness; • Confusion; • Panic; • Talkativeness; • Inability to concentrate; • Short-term insomnia; • Paranoid thoughts; and • Hallucinations.

**Health Effects:**

• Heartbeat disturbances or heart damage caused by severe constriction of capillary blood vessels; • Increased blood pressure; • Convulsions; • Coma; • Brain damage resulting in speech disturbances; • High doses may cause toxic psychosis resembling schizophrenia; and • Long-term users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, hair.

**How Amphetamines and Methamphetamines Impair Function Needed for Driving:**

They chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

**Opioids**

Narcotics, including heroin, morphine, codeine and many synthetic drugs used to alleviate pain, depress body functions and reactions.

In large doses, opioids cause a strong euphoric feeling.

Common street names are: horse, morpho, China, H, M, brown sugar; Harry and dope.

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal and cannot even be obtained with a physician’s prescription. Most medical problems associated with the use of opioids are caused by uncertain dosages, use of unsterile needles, contamination of the drug, or from combining a narcotic with other drugs.

**Signs and Symptoms of Use:**

• Mood changes; • Impaired mental function and alertness; • Impaired vision; • Constricted pupils; and • Impaired coordination • Impaired driving ability; Drowsiness followed by sleep; Decreased physical activity; • Sleeplessness and drug craving; • Depression and apathy; • Constipation; and

• Nausea and vomiting.

**Health Effects:**

• IV needle users have a high risk for contracting hepatitis and HIV due to the sharing of needles. • Narcotics increase pain tolerance. As a result, people could more severely injure themselves and fail to seek medical attention due to a lack of pain sensitivity. • The effects of narcotics are multiplied when used in combination with alcohol and other depressant drugs, causing an increased risk for overdose.

**How Opioids Impair Functions Needed for Driving:**

Opioids chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Phencyclidine (PCP)

PCP acts as both a depressant and a hallucinogen, and sometimes as a stimulant.

Also called angel dust, rocket fuel, embalming fluid and killer weed.

PCP was developed as a surgical anesthetic in the late 1950s. Later, due to its unusual side effects in humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured. It is abused largely for its variety of mood-altering effects.

PCP scrambles the brain's internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult.

A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions.

**Signs and Symptoms of Use:**

• Impaired driving ability; • Impaired coordination; • Thick, slurred speech; • Severe confusion and agitation; • Muscle rigidity; and • Profuse sweating.

 **Other Effects:**

• Loss of concentration and memory; • Extreme mood shift; • Nystagmus (jerky, involuntary eye movements); • Rapid heartbeat; • Dizziness; • Convulsions; and • Memory loss.

**Health Effects:**

• The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body. • PCP becomes more potent in combination with other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.

**How PCP Impairs Functions Needed for Driving:**

PCP chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safer and conscientiously. It also causes severe disorientation.

**Over-the-Counter & Prescription Medications**

Over-the-counter medications, and even prescription medications, may interfere with your ability to drive safely and within the requirements of the alcohol and drug regulations. Make sure you know about the possible side effects of these drugs before taking them-especially before driving. Consult your physician if you have any questions about a prescription and read ingredients label and directions for use on every over-the-counter drug you use.

**A Final Word About Alcohol and Drugs**

The use and abuse of alcohol and/or drugs and operating a commercial motor vehicle are not a safe combination. The transportation industry has a good overall record when it comes to impaired drivers, with the vast majority of drivers understanding and following the rules. Testing is an important component when it comes to preventing a potentially serious alcohol and/or drug related accident or incident. By understanding and following the alcohol and drug testing regulations you are doing your part to protect yourself, other drivers, your company, and your industry.

**Alcohol and Controlled Substance Receipt of Policy and Supporting Materials**

I certify that I have received and understand the materials explaining “Your Trucking Company” Alcohol and Controlled Substance Policy and the requirements of 49 CFR Parts 382 and 40. I will present any questions I may have concerning this policy and these regulations to:

Your Contact name and number and address

OR

 The Materials I have received include:

1. Company’s Policy and Procedures including information concerning the effects of alcohol and controlled substance use on an individual’s health, work, and personal life; signs and symptoms of alcohol and controlled substances abuse; and available methods of intervening when an alcohol or substance abuse problem is suspected.

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**Driver’s Name (printed)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s Signature Date**