



**LOGISTEC/TTS**  
Resident Agents Service

# Driver Qualification File



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# DRIVER QUALIFICATION FILE



## CHECKLIST

- GENERAL INFORMATION
- RECORDKEEPING AND RETENTION PERIODS
- DRIVER RECEIPT SAMPLE FROM USDOT SAFETY HANDBOOK
- DRIVER APPLICATION FOR EMPLOYMENT AND PRIOR EMPLOYMENT HISTORY
- PREVIOUS EMPLOYER INQUIRY  
Employers must have history of their driver's within 30 days of the start of the driver's employment.
- MEDICAL EXAMINER'S CERTIFICATE  
The driver must carry this at all time while operating a commercial motor vehicle. The FMCSA requires each driver to have a physical examination and obtain a new medical examiner's certificate every 2 years.
- CDL SELF CERTIFICATION FORM (STATE SPECIFIC)
- RECORD OF ROAD TEST
- ROAD TEST EXAMINATION AND CERTIFICATION OF ROAD TEST
- CERTIFICATION OF VIOLATIONS (NEW HIRE)
- NOTIFICATION OF TRAFFIC VIOLATION
- ANNUAL REVIEW OF VIOLATIONS AND MVR
- DQF FOR MULTIPLE-EMPLOYER DRIVER
- CARRIERS DRIVER STATEMENT OF ON-DUTY HOURS
- DRIVER DATA SHEET AND CONTENTS CHECKLIST
- ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS
- ALCOHOL AND CONTROLLED SUBSTANCE TEST INFORMATION RELEASE
- CONTROLLED SUBSTANCE AND ALCOHOL TESTING POLICY
- NOTES

*\*\* DQF are to be kept for the duration of a driver's employment and three years thereafter.*

# GENERAL INFORMATION



In addition to the documents listed on the checklist, the following records shall be established and maintained in their respective Driver Qualification Files:

1. Photocopy of each driver's current Commercial Driver's License (CDL).
2. Request/Consent for Information from Previous Employer for Alcohol and Controlled Substance Test Records.
3. Driver Drug Testing Acknowledgment.
4. Receipt of Educational Materials – Alcohol & Controlled Substance Testing and Employee Assistance Program.
5. Drug Test Results.

The six items in every Driver Qualification File that require periodic maintenance/renewal are:

1. Abstract of Driver Motor Vehicle Record (MVR) – ANNUALLY
2. Driver's Certification of Motor Vehicle Violations and Review Record – ANNUALLY.  
Must be dated no more than 30 days beyond employee hire date.
3. Review of Driving Record – ANNUALLY
4. Physical Examination - EVERY 2 YEARS (unless medical reasons dictate more frequently.)
5. Copy of Current Driver's License - UPON EXPIRATION
6. HAZMAT Training - EVERY 2 YEARS if required

*\*\*The Drug and Alcohol testing is only required for carriers with a GVWR of over 26,000lbs. If you possess a CDL then you are subject to the Drug and Alcohol testing.*

# RECORDKEEPING AND RETENTION PERIODS



TOPIC	DOCUMENT(S) TO BE RETAINED	RETENTION PERIOD	RETENTION LOCATION
CDL Driver Qualification	Notification of conviction for driver Violations. Must include the following information: Note: Notifications of CDL suspensions have no Recordkeeping requirements.	3 years	DQF
	<ol style="list-style-type: none"> <li>1. Application for employment</li> <li>2. Initial 3-year Motor Vehicle Record (MVR) (must be obtained within 30 days of employment)</li> <li>3. Road test form and certificate or license or certificate accepted in lieu of road test</li> <li>4. Medical exam certificate *</li> <li>5. Any letter granting a waiver of a physical disqualification*</li> <li>6. Annual review of driving record *</li> <li>7. Note relating to annual review *</li> <li>8. List of violations*</li> <li>9. Any other matter relating to a driver's qualifications or ability to drive a motor vehicle safely</li> <li>10. Previous-employer inquiries for drivers hired before October 30, 2004.</li> <li>11. Certificate of training, for drivers transporting highway route controlled Class 7 (radioactive) materials for other required Hazardous Materials or other required Hazardous Materials (HAZMAT)</li> </ol> <p>* These documents may be removed 3 years after Execution</p>	Employment plus 3 years	DQF  Note: May be combined with personnel file.  The long medical exam form is to be kept in the office of the medical examiner
	<ol style="list-style-type: none"> <li>1. Safety performance history of driver/applicants and information received about a driver/applicant (must be placed in file within 30 days of hire)</li> <li>2. A copy of the driver's written authorization for the employer to seek information about his/her alcohol and controlled substances history</li> <li>3. Corrections or rebuttals received from former or current drivers concerning their safety performance histories</li> </ol>	Employment plus 3 years	DIF May be combined with any other file, as long as all files are secured.
	A record of each inquiry received from other employers concerning a driver's safety performance history, and the response, including the date, the party to whom it was released, and a summary identifying what was provided	One year	Unspecified
Medical Qualification Multiple-Employer Drivers	Driver must carry the original or a copy of the medical examiner's certificate	Continuously	With the driver
	Keep the following records for a multiple-employer <ul style="list-style-type: none"> <li>• Medical exam certificate, original or a copy</li> <li>• Road test form and certificate or license or certificate accepted in lieu of road test</li> <li>• Driver's name and Social Security number</li> <li>• Identification number, type, and issuing state of motor vehicle operator's license</li> </ul>	Employment plus 3 years	DQF

DQF- Driver Qualification File

DIF- Driver Investigation File

# DRIVER'S RECEIPT

The company has instructed all of its drivers regarding all applicable Federal Motor Carrier Safety Regulations Parts 380-397 and Part 40.

I acknowledge receipt of the Driver's Guide to the FMCSRs and agree to familiarize myself with the information presented.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Goodship LLC \_\_\_\_\_

Company Supervisor's Signature \_\_\_\_\_

\*\* This form is found on the front page of the USDOT Safety Handbook. Have driver complete and remove for your records.

# DRIVER APPLICATION

(COMPANY LETTERHEAD)

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long?: \_\_\_\_\_ DOB: \_\_\_\_\_

## RESIDENCE (PAST THREE YEARS)

Address: \_\_\_\_\_ How Long: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS AS A DRIVERS

State	License #	Expiration Date	Type/Class (CDL A)	Endorsements

## DRIVING EXPERIENCE

Equipment Class	Type of Equipment (Van, Tank, Flat Etc)	Dates		Approx # of Miles (Totals)
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

## ACCIDENTS/CRASHES FOR THE PAST 3 YEARS OR MORE

Date	Nature of the Accident (Backing, Head-on, Rollover, Turning)	Fatality	Injury

## MOVING TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Date	Offense	Location	Type of Motor Vehicle Operated

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- B. Has your license, permit or privilege ever been suspended or revoked?  
If yes attach statement giving details.  Yes  No

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such testing?  Yes  No

## EMPLOYMENT RECORD

All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer \_\_\_\_\_ Date \_\_\_\_\_

Position Held: \_\_\_\_\_  CDL? From \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Was the driver subject to the FMCSRs?  Yes  No

Last Employer \_\_\_\_\_ Date \_\_\_\_\_

Position Held: \_\_\_\_\_  CDL? From \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Was the driver subject to the FMCSRs?  Yes  No

Last Employer \_\_\_\_\_ Date \_\_\_\_\_  
Position Held: \_\_\_\_\_  CDL? From \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Was the driver subject to the FMCSRs?  Yes  No

Last Employer \_\_\_\_\_ Date \_\_\_\_\_  
Position Held: \_\_\_\_\_  CDL? From \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Was the driver subject to the FMCSRs?  Yes  No

Last Employer \_\_\_\_\_ Date \_\_\_\_\_  
Position Held: \_\_\_\_\_  CDL? From \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Was the driver subject to the FMCSRs?  Yes  No

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature Date



**TO BE READ AND SIGNED BY APPLICANT**  
**INFORMATION RELEASE FORM**

This certifies that I, \_\_\_\_\_, completed the above application, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## PREVIOUS EMPLOYER INQUIRY

Prospective Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Drivers Name: \_\_\_\_\_

Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby release any and all information pertaining to my employment records as required by 49 CFR Part 391.23 to the above named company. You are released from any and all liability which may result from releasing such information.

Signed: \_\_\_\_\_ SSN: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the following information as it pertains to the driver listed above.**

**1. Please indicate when the driver worked for your company and the nature of their employment.**

Employed From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_ (mo/yr)     CMV Driver     CDL Driver

Duties: \_\_\_\_\_

**2. Did the applicant have any accidents while employed with you?**

Yes     No

Date	Time	Driver	Location (City, ST)	# Injured	# Killed	Vehicle Towed	Driver Cited	HazMat Spill

**3. Did the driver violate any section of 49 CFR Subpart B?**

Did this employee violate any of the following regulations:

Part 382.201 Alcohol concentration above .04.

Yes     No

Part 382.205 Alcohol use on duty.

Yes     No

Part 382.207 Alcohol use within 4 hours before coming on duty.

Yes     No

Part 382.209 Alcohol use until 8 hours after an accident.

Yes     No

Part 382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion, or Follow Up test)

Yes     No

Part 382.213 Controlled substances use on duty.

Yes     No

Part 382.215 Tested positive for controlled substances.

Yes     No

Yes     No

Yes     No

4. Part 391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process according to: Part 382.605/Part 40 Subpart O  Yes  No

5. Part 391.23(e)(3) After completing the return-to-duty process, Part 382.605/Part 40 Subpart O, did the driver:  
Test above .04 for alcohol  Yes  No  
Received a verified positive controlled substances result  Yes  No  
Refused to be tested  Yes  No

Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer. (49 CFR Section 40.25)

As per Part 391.23(g) After October 29, 2004 previous employers must respond to the above request within 30 days after the request is received.

Type of equipment driven:  Straight truck  Tractor semi-trailer  Bus

Trailer used:  Van  Flatbed  Refrigerated  Cargo Tank  Triples  Doubles

Was the applicant safe and efficient?  Yes  No

Remarks: \_\_\_\_\_

What kind of work did applicant perform?

Remarks: \_\_\_\_\_

Was applicant's general conduct satisfactory?

Remarks: \_\_\_\_\_

Reason for leaving your employ:  Discharged  Laid off  Resigned  Other: \_\_\_\_\_

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailed On: \_\_\_\_\_ Faxed On: \_\_\_\_\_ Verified by Phone On: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CDL SELF CERTIFICATION FORM & ATTACHED MEDICAL STATE SPECIFIC

Federal Regulation 49 CFR 383.71 requires all CDL holders to have a DOT medical and self certification of commercial driving on file with their State Driver License Administration (SDLA). Colorado statute and rule (42-2-235 and rule 8 CCR 1507-1) requires that ALL Colorado CDL holders be medically qualified to drive a CMV by the means of a valid DOT medical or medical waiver.

Please complete this form. Incomplete or illegible forms will be rejected.

Individual's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This completed form can be provided to you by your base state's Commercial D.M.V.

Please mark the applicable box:

- A. Non-accepted Interstate - A person must certify that he or she operates or expects to operate in interstate commerce, is both subject to and meets the qualification requirements under 49 CFR part 391 and is required to obtain a medical examiner's certificate
- B. Excepted Interstate - A person must certify that he or she operates or expects to operate in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3.
- C. Non Excepted Intrastate – A person must certify that he or she operates only in intrastate commerce and therefore is subject to State driver qualification requirements.
- D. Excepted Intrastate – A person must certify that he or she operates in intrastate commerce but engages exclusively in transportation or operations excepted from all or parts of the State Driver qualification requirements.

PLEASE ATTACH A COPY OF  
THE DOT MEDICAL  
CERTIFICATE HERE BEFORE  
SENDING TO THE CDL UNIT/DMV

# CERTIFICATION OF VIOLATIONS (NEW HIRE)

Company: \_\_\_\_\_

Driver: \_\_\_\_\_ License: \_\_\_\_\_ State: \_\_\_\_\_

## ANNUAL CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations)  
for which I have been convicted or forfeited bond or collateral during the past 12 months.

**Violations are as listed below**       **I have had no violations.**

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Signature: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

# NOTIFICATION OF TRAFFIC VIOLATION

Under Federal regulation 49 CFR 383.31, commercial drivers are required to report to their employer(s), notification that their commercial drivers license is under suspension, revocation or cancellation. This must be done no later than the end of the business day following the day that notification was received.

Commercial drivers are also required to report to their employer(s) within 30 days, the conviction of any traffic offenses, other than parking tickets, in any state and in any type of vehicle, commercial or private.

I am providing the following information pursuant to these requirements.

Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Operated:  Personal  Commercial

Location of Offense: City: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Disposition of Case:  Bail/forfeiture  Conviction with loss of license  Other (explain)

\_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ANNUAL CERTIFICATE OF VIOLATIONS

Company: \_\_\_\_\_

Driver: \_\_\_\_\_ License: \_\_\_\_\_ State: \_\_\_\_\_

## ANNUAL CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Violations are as listed below     I have had no violations.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Signature: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

## ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Get a new Motor Vehicle Report from the DMV.**

# DRIVER FILE CONTENTS CHECKLIST

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## INITIAL DQ FILE CONTENTS

- DRIVER'S APPLICATION FOR EMPLOYMENT – Part 391.21**  
A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.
- INQUIRY TO PREVIOUS EMPLOYERS – 3 YEARS – Part 391.23(d)**  
An investigation of the driver's employment record during the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.
- INQUIRY TO STATE AGENCIES – 3 YEARS – Part 391.23(a)**  
A copy of the driver's motor vehicle record during the preceding three years.
- DRIVER'S ROAD TEST CERTIFICATE OR EQUIVALENT – Part 391.31**  
A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate.  
*Note: A copy of the person's valid Commercial Driver's License (CDL) may be used in place of this road test pursuant to FMCSR 391.22*
- MEDICAL EXAMINATIONS – Part 391.41**  
**For all CMV drivers** – All drivers must be medically certified by an examiner who is verified on the National Registry of Certified Medical Examiners website (<https://nationalregistry.fmcsa.dot.gov>).  
A current copy of any medical waiver or SPE certificate issued to the driver.  
**For non-CDL vehicle drivers** – A legible copy of the medical examiner's certificate and a note indicating the carrier verified the medical examiner's listing on the National Registry of Certified Medical Examiners.  
**For CDL vehicle drivers** – The file must contain the Commercial Driver's License Information System (CDLIS) or Motor Vehicle Record (MVR) report showing the driver's valid medical certification status information\* as well as a note indicating the carrier verified the medical examiner's listing on the National Registry of Certified Medical Examiners.

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## ONGOING UPDATES

- INQUIRY TO STATE AGENCIES – ANNUAL – Part 391.25(a)**  
Request driving record at least once every 12 months for each driver.
- ANNUAL REVIEW OF DRIVING RECORD – Part 391.25(b)**  
At least once every 12 months, the carrier must review the motor vehicle record to determine whether they still meet the minimum requirements for safe driving and is not disqualified pursuant to FMCSR 391.15. A note including the name of the person who performed this review will be retained in the file.
- ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS – Part 391.27**  
At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months. Note: Drivers who have provided information required by Section 383.31 need not repeat that information in this annual list of violations.

\*A carrier may use a copy of the driver's medical card for up to 15 days from the date it was issued in place of the CDLIS/MVR report)



# ALCOHOL AND CONTROLLED SUBSTANCE TEST INFORMATION RELEASE

**From:** \_\_\_\_\_ **To: Previous Employer**  
\_\_\_\_\_  
Company: \_\_\_\_\_  
\_\_\_\_\_  
Individual: \_\_\_\_\_  
\_\_\_\_\_  
Street: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

The applicant named below has applied for employment and listed your company as a past employer. As required by DOT Regulation 382.413 a prospective employer shall obtain information on the driver's alcohol and controlled substance test results, within the preceding two years, which are maintained by the driver's employer. Please detach the waiver below for your files as proof that the applicant has waived any claim of liability against your company (and its agents) for information submitted in respect to this inquiry.

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Job applied for: **Driver**

1. Number of alcohol tests with a concentration result of 0.04 or greater: \_\_\_\_\_
2. Number of positive controlled substance test results: \_\_\_\_\_
3. Number of refusals to be tested: \_\_\_\_\_
4. Remarks: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person supplying information)

## WAIVER

\_\_\_\_\_  
*Former Employer*

\_\_\_\_\_  
*Date*

I hereby authorize you to release all information concerning my alcohol and controlled substance test information to each and every company (or their authorized agents) which may request such information in connection with the application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Witness*

# CONTROLLED SUBSTANCES AND ALCOHOL TESTING POLICY

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This policy follows Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382.

If you have questions about this controlled substances and alcohol testing contact \_\_\_\_\_, the designated company official to answer questions.

## **All drivers who drive commercial motor vehicles which require a CDL are subject to controlled substances and alcohol testing.**

The definition of a driver Safety Sensitive Function is found in 49 CFR Section 382.107 (attached). 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 responsibility for performing work.

### **Safety sensitive function shall include:**

1. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
2. All time inspecting equipment as required by Part 392.7 and Part 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
3. All time spent at the driving controls of a commercial motor vehicle in operation;
4. 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 393.76 of this subchapter);
5. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

### **Driver conduct that is prohibited is found in 49 CFR Part 382 Subpart B.**

1. 382.201: No driver shall report for duty requiring the performance of a safety sensitive function with an alcohol concentration of 0.04 or greater.
2. 382.205: No driver shall use alcohol while performing a safety sensitive function.
3. 382.207: No driver shall perform a safety sensitive function within 4 hours after using alcohol.
4. 382.207: No driver required to take a post accident alcohol test under 49 CFR 0382.209 shall use alcohol for 8 hours following the accident.
5. 382.21: No driver shall refuse to submit to any required alcohol or controlled substances test.
6. 382.213: No driver shall report for duty requiring the performance of a safety sensitive function when the driver uses controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR 0382.107. This must not interfere with the driver's ability to perform a safety sensitive function,
7. 382.215: No driver shall report for duty or remain on duty requiring the performance of a safety sensitive function, if the driver tests positive for controlled substances.

**The circumstances in which the driver will be tested are incorporated and found in 49 CFR Part 382 Subpart C:**

382.301: Pre-Employment Testing	382.307: Reasonable Suspicion Testing
382.303: Post Accident Testing	382.309: Return to Duty Testing
382.305: Random Testing per the prevailing rate required by U.S. DOT	382.311: Follow-Up Testing.

All definitions, regulations, and procedures used to test for controlled substances and alcohol in order to protect the integrity of the testing process, safeguard test validity, and insure results are attributed to correct driver are found in 49 CFR Parts 40 and 382. They are incorporated into this policy and are attached.

**Refusal to submit to an alcohol or controlled substances test is defined in 49 CFR 382.107.**

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

1. Fails to appear for any test (except a Pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner operator) to appear for a test when called by a C/TPA,
2. Fails to remain at the testing site until the testing proceeds is complete. Provided, that an employee who leaves the testing site before the testing process commences on a pre-employment test is not deemed to have refused to test,
3. Fails 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 on a pre-employment test is not deemed to have refused to test,
4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the drivers provision of a specimen,
5. Fails to provide a sufficient amount of urine specimen when directed, and it has been determined that there was no adequate medical explanation for the failure,
6. Fails or declines to take a second test the employer or the collector has directed the driver to take,
7. Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR 40.193(d). In the case of a pre- employment drug test, the employee is deemed to have refused to test on this basis only if the preemployment test is conducted following a contingent offer of employment,
8. Fails 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),
9. Is reported by the MRO as having a verified adulterated or substituted test result.

*Note: In reference to item 1 for the FMCSA immediate means that the employer shall ensure that the driver ceases to perform the safety sensitive function and proceeds to the testing site as soon as possible.*

**The consequences for violators of Subpart B are incorporated and found in 49 CFR Part 382 Subpart F.**

1. All CDL drivers will be removed from any safety sensitive position.
2. The driver must see a Substance Abuse Professional before driving again, anywhere.
3. The driver must take a Return To Duty test with a Negative result and/or an Alcohol test with results below .02.

**The consequences for CDL drivers tested for Alcohol with results at .02 but below .04 are that the driver will be removed from any safety sensitive position for a period of 24 hours per 49 CER Section 3 82.505(a).**

Information concerning the effects of drug use and alcohol abuse has been provided to the driver.

# COMPANY POLICY

**Any driver that violates 49 CFR Part 382 Subpart B shall be terminated for cause.**

## LIST OF SUBSTANCES ABUSE PROFESSIONALS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This is to certify that I have received a copy of the company Alcohol and Controlled Substances Policy:

Driver Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 responsibility for performing work. Safety-sensitive functions shall include:

1. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
2. All time inspecting equipment as required by §~392.7 and 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
3. All time spent at the driving controls of a commercial motor vehicle in operation;
4. 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 ~393.76 of this subchapter);
5. 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; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.