



DRUG AND ALCOHOL TESTING FORMS

FORM: 416F 1-5
REVISED: 08/17/20

APPENDIX I FROM POLICY 416 - FORM 1
DRIVER ACKNOWLEDGMENT
DRUG AND ALCOHOL TESTING POLICY AND MATERIALS

Employee Section

This is to certify that I, _____ have received a copy of the Drug
(Name of Employee)
and Alcohol Testing Policy of the Inver Grove Heights School District 199 and have read it in
its entirety. I have also received training and materials for Drug and Alcohol Awareness. I
understand that I am subject to the provisions of Article III of the policy, entitled Federally
Mandated Drug and Alcohol Testing For School Bus Drivers, because the position involves
operating a commercial motor vehicle and requires a commercial driver's license.

I have been advised the Alcohol and Controlled Substances Testing Program Manager is the
ISD 199 Transportation Coordinator and that any questions I may have concerning the policy
should be directed to the Program Manager.

Transportation Coordinator Section

This is to certify that I, _____, have provided the driver listed
(Name of Transportation Coordinator)
above the video titled Drug & Alcohol for CDL Drivers, education materials regarding the basic
information about alcohol and controlled substances, and the ISD 199 drug and alcohol
testing policy.

Please acknowledge that you have reviewed Policy 416 Drug and Alcohol Testing and
received Drug and Alcohol Awareness training by signing below. A copy of this consent will be
included in your permanent personnel file.

Employee Signature

Date

ISD 199 Transportation Coordinator

Date

* This certification form is valid from the date signed by the employee and will remain valid
while the employee is employed by Inver Grove Heights Schools.

APPENDIX II FROM POLICY 416 - FORM 2

**BUS DRIVER OR DRIVER APPLICANT
AUTHORIZATION TO RELEASE INFORMATION**

Section I

To be completed by the school district, signed by the bus driver or driver applicant, and transmitted to the previous employer:

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer is limited to the following DOT-regulated testing items?

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ **Date:** _____

Section I-A

School District Name: _____

Address: _____

Phone Number: _____ Fax: _____

Designated Employer Representative: _____

Section I-B

Previous Employer Name: _____

Address: _____

Phone Number: _____ Fax: _____

Designated Employer Representative (if known): _____

Section II

To be completed by the previous employer and transmitted by mail or fax to the new employer.

Section II-A

In the two years prior to the date of the employee’s signature in Section I, for DOT-regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES___ NO___
- 2. Did the employee have verified positive drug tests? YES___ NO___
- 3. Did the employee refuse to be tested? YES___ NO___
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES___ NO___
- 5. Did a previous employer report a drug and alcohol rule violation to you? YES___ NO___
- 6. If you answered “yes” to any of the above items, did the employer complete the return-to-duty process? YES___ NO___

NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Section II-B

Name of person providing information in Section II-A: _____
Title: _____
Phone Number: _____

APPENDIX III FROM POLICY 416 - FORM 3

**CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
(FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE**

I, _____, hereby provide consent to Inver Grove Heights Schools
(Name of Employee)

to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Inver Grove Heights Schools indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Inver Grove Heights Schools without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Inver Grove Heights Schools to conduct a limited query of the Clearinghouse, Inver Grove Heights Schools must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Please acknowledge that you consent to Inver Grove Heights Schools conducting a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse. A copy of this consent will be included in your permanent personnel file.

Employee Signature

Date

ISD 199 Transportation Coordinator

Date

** This consent for limited queries of the federal motor carrier safety administration drug and alcohol clearinghouse form is valid from the date signed by the employee and will remain valid while the employee is employed by Inver Grove Heights Schools.*

APPENDIX IV FROM POLICY 416 - FORM 4

**BUS DRIVER OR DRIVER APPLICANT
REFUSAL TO SUBMIT TO TESTING**

I hereby refuse to submit to drug/alcohol testing by doing the following:

- Failing to appear for any test within a reasonable time, as determined by the school district, consistent with applicable DOT regulations, after being directed to do so;
- Failing to remain at the testing site until the testing process is complete;
- Failing to provide a urine specimen or an adequate amount of saliva or breath for any DOT drug or alcohol test;
- Failing to permit the observation or monitoring of any provision of a specimen in the case of a directly observed or monitored collection in a drug test;
- Failing to provide a sufficient breath specimen or sufficient amount of urine when directed and it has been determined that there was no adequate medical explanation for the failure;
- Failing or declining to take a second test as directed;
- Failing to undergo a medical examination or evaluation, as directed by the Medical Review Officer (MRO) or the Designated Employer Representative (DER)
- Failing to cooperate with any part of the testing process (e.g., refusing to empty pockets when so directed by the collector, behaving in a confrontational way that disrupts the collection process, failing to wash hands after being directed to do so by the collector, failing to sign the certification on the form;
- Failing to follow the observer's instructions, in an observed collection, to raise the driver's clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the driver has any type of prosthetic or other device that could be used to interfere with the collection process;
- Possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;
- Admitting to the collector or MRO that the driver adulterated or substituted the specimen; or
- Having a verified adulterated or substituted test as reported by the MRO.

I recognize that my refusal subjects me to the consequences specified in federal law and regulations. It also constitutes a presumption of a positive result. I further recognize that if I am an applicant, I will be disqualified from consideration for the conditionally-offered

position. If I am an employee, I will not be permitted to perform safety-sensitive functions, and will be considered insubordinate and subject to disciplinary action, up to and including dismissal. If the school district offers me an opportunity to return to a DOT safety-sensitive function, I understand I will be evaluated by a substance abuse professional, and will be required to submit to a return-to-duty test prior to being considered for reassignment to safety-sensitive functions.

Employee Signature

Date

Time

ISD 199 Transportation Coordinator

Date

Employee refusal to sign if applicable *Supervisor's Initials* _____

APPENDIX V FROM POLICY 416 - FORM 5

PRETEST NOTICE

I, the undersigned employee/job applicant of Inver Grove Heights Schools, do hereby acknowledge that I have been provided a copy of the school district's Drug and Alcohol Testing Policy.

Employee Signature

Date