

Code No. 403.6-E4

I understand I am to go directly to the collectionsite located at:

---

---

Date \_\_\_\_\_

---

\_\_\_\_\_  
Name (print) Social Security Number

The above named employee is to have thefollowing test done:

\_\_\_\_\_ Drug \_\_\_\_\_ Alcohol  
\_\_\_\_\_ Both Drug and Alcohol

Type of Test:\_\_\_\_\_ Random  
\_\_\_\_\_ Pre-employment (drug only)

**DRUG/ALCOHOL TEST NOTIFICATION**

(address of collection site) **FORM**

I understand that a positive drug test or an alcohol test result of .04 alcohol concentration or greater will result in termination of my employment and that an alcohol test result of greater than .02 but less than .04 alcohol concentration requires me to cease performing a safety-sensitive function for twenty-four hours.

I further understand that my drug and alcohol testing results are reported to and maintained by the school district and the Iowa Drug and Alcohol Testing (IDAPT) medical review officer for the purpose of completion of reports including, but not limited to, the Annual Summary/MIS reports required under the federal drug and alcohol testing regulations.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Reasonable Suspicion

\_\_\_\_\_ Post Accident

\_\_\_\_\_  
Time Sent by District

Contact Person

School District

Phone

\_\_\_\_\_  
Time Arrived at Collection Site  
Site Person

Collection

\_\_\_\_\_  
Time Test Was Completed  
Site Person

Collection

City/State/Zip \_\_\_\_\_ Code No. 403.

**CERTIFICATION OF PREVIOUS  
EMPLOYERS  
REQUIRING A COMMERCIAL DRIVER'S  
LICENSE**

Company \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name

---

Social Security Number

City/State/Zip \_\_\_\_\_

\_\_\_\_\_

I certify that I have been employed by the following employers during the two years prior to the date stated below and that I was required to possess a commercial driver's license (CDL) during the term of my employment.

Company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Signature

---

---

Date

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**DRUG AND ALCOHOL  
REASONABLE SUSPICION  
OBSERVATION**



---

Employee's Name

Date of Observation

Time of Observation: From \_\_\_\_\_ a.m./p.m. to \_\_\_\_ a.m./p.m.

Reasonable suspicion of current use or impaired by \_\_\_\_\_ alcohol/drugs.

Above behavior witnessed by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Signed

Date

Observed personal behavior: (circle all

appropriate)

Speech:

Incoherent

Confused

Normal

Loud

Whispering

Silent

Slurred

Disruptive

Balance:

Swaying

Staggering

Normal

Falling

Walking and Turning:

Normal

Stumbling

Swaying

Falling

Arms raised for balance

Reaching for support

Awareness:

Confused

Paranoid

Normal

Signed (optional)

Date

This form must be completed by each trained employee observing the driver suspected of drug use and/or misuse by behavior, speech and/or odor while on duty, the earlier of within twenty four hours of the determination of reasonable suspicion or prior to receiving the test results. The observations must be specific, contemporaneous and articulable concerning the appearance, behavior, speech and body odor of the driver.

Code No. 403.6-E7

**DRUG AND ALCOHOL TESTING  
PROGRAM  
PRE-EMPLOYMENT DRUG TEST  
ACKNOWLEDGMENT FORM**

Sleepy or Stupor

Lack of coordination

Odor:

Normal

Alcohol

Burned rope

Appearance

Red Eyes Vomiting

Half Closed Eyes

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_