

# H & D Waste Services, LLC

## APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------|-------------|------|-----------------|
|       |             |      |                 |

### DRIVING EXPERIENCE

| CLASS OF EQUIPMENT   | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC.) | DATES |    | YEARS EXPERIENCE |
|----------------------|--|-------|----|------------------|
|                      |  | FROM  | TO |                  |
| DUMP TRUCK - TRIAXEL |  |       |    |                  |
| TRIAXEL TRUCK        |  |       |    |                  |
| TRACTOR TRAILER      |  |       |    |                  |
| OTHER                |  |       |    |                  |

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

| DATES | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | NUMBER FATALITIES | NUMBER INJURIES | ISSUED CITATION |    |
|-------|--|-------------------|-----------------|-----------------|----|
|       |  |                   |                 | YES             | NO |
|       |  |                   |                 |                 |    |
|       |  |                   |                 |                 |    |
|       |  |                   |                 |                 |    |

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

| DATE CONVICTED<br>(month/year) | VIOLATION | STATE OF VIOLATION<br>LOCATION | PENALTY<br>(forfeited bond, collateral and/or points) |
|--------------------------------|-----------|--------------------------------|---|
|                                |           |                                |   |
|                                |           |                                |   |
|                                |           |                                |   |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD - MUST SHOW 10 YEARS HISTORY**  
**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to 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, schools, 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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

## DRIVER QUALIFICATION FILE DOCUMENTS

DRIVERS NAME: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

START DATE: \_\_\_\_\_

### PERMANENT DOCUMENTS

|  | <u>YES</u> | <u>NO</u> |   |
|--|------------|-----------|---|
| EMPLOYMENT APPLICATION   | ___        | ___       | (Pre Hire)  |
| MEDICAL CERTIFICATE  | ___        | ___       | (Pre-Hire)<br>Expiration Date _____                                 |
| COMMERCIAL DRIVERS LIC. (CDL)<br>(Must have proper endorsements) | ___        | ___       | (Pre-Hire)<br>Expiration Date _____                                 |
| PAST EMPLOYER INQUIRIES  | ___        | ___       | (With-in 30 days of initial hiring<br><b>Recommend PRE-HIRE</b> )   |
| PAST DRIVING RECORD (MVR)  | ___        | ___       | (With-in 30 days of initial hiring -<br><b>recommend PRE-HIRE</b> ) |
| FAIR CREDIT REPORTING FORM                                       | ___        | ___       | (Pre-Hire)  |
| PAST EMPLOYER DRUG INQUIRY                                       | ___        | ___       | (With-in 14 days of initial hiring -<br><b>recommend PRE-HIRE</b> ) |
| RECEIPT OF D&A TRAINING MATS.                                    | ___        | ___       | (When hired)  |
| POST ACC. D&A TEST ACKN.   | ___        | ___       | (When Hired)  |
| D & A CONSENT FORM   | ___        | ___       | (Pre-Hire)  |
| PRE-EMPLOYMENT DRUG TEST   | ___        | ___       | (PRE-HIRE. retain in separate file)                                 |
| DRIVER ON-DUTY STATEMENT   | ___        | ___       | (When Hired)  |
| RECORD OF ROAD TEST/CERT.  | ___        | ___       | (When Hired)  |
| INITIAL HM TRAINING<br>(If transporting HM)                      | ___        | ___       | (Must be on file BEFORE driver<br>hauls ANY HM loads)               |

### PERIODIC DOCUMENTS

|                                       |     |     |                                       |
|---------------------------------------|-----|-----|---------------------------------------|
| ANNUAL CERTIFICATION OF VIOLATIONS    | ___ | ___ | Must be done ANNUALLY<br>Date: _____  |
| ANNUAL REVIEW OF DRIVING RECORD (MVR) | ___ | ___ | Must be done ANNUALLY<br>Date: _____  |
| RECURRING HM TRAINING                 | ___ | ___ | Required every 3 years<br>Date: _____ |

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING  
INFORMATION BY DRIVER/APPLICANT**

Today's Date: \_\_\_\_\_

During the past (3) three years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? \_\_\_\_\_ YES \_\_\_\_\_ NO

During the past (3) three years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If you answered "YES" to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.**

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name of driver: \_\_\_\_\_

Signature of driver: **X** \_\_\_\_\_

Social Security Number XXX-XX-\_\_\_\_\_ Witness: \_\_\_\_\_

**DRIVER STATEMENT OF ON-DUTY HOURS**  
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_  
Endorsement(s): \_\_\_\_\_ Restriction(s): \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State: \_\_\_\_\_

|              |                                 |   |   |   |   |   |   |             |
|--------------|---------------------------------|---|---|---|---|---|---|-------------|
| DAY          | 1<br><small>(Yesterday)</small> | 2 | 3 | 4 | 5 | 6 | 7 |             |
| DATE         |                                 |   |   |   |   |   |   |             |
| HOURS WORKED |                                 |   |   |   |   |   |   | TOTAL HOURS |

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.  
P.M. On \_\_\_\_\_  
Time Day Month Year

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

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: when employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations, includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (Circle One)  
Yes No  
At this time, do you intend to work for another employer while still employed by this Company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

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

WITNESS \_\_\_\_\_  
Company Representative Date

## DRUG AND ALCOHOL EMPLOYEE RECEIPT OF TRAINING MATERIALS

This shall certify that I, \_\_\_\_\_, have been provided educational materials as required by FMCSA 382 and my employers policy and procedures on Drug and Alcohol Testing in accordance with FMCSA 382 requirements. The information contained:

- Who is responsible within the company for the Program
- Categories & Circumstances of when testing will be performed (Pre-Employment, Random, Reasonable Suspicion, Post Accident)
- Driver Conduct – daily for safety sensitive positions
- What is a refusal and consequences of a refusal
- Consequences of positive tests under FMCSA 382 and Company Policies
- Effects of drugs and alcohol on a person's health, employment and personal life
- SAP Procedures – How to get help with drugs and alcohol

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies. Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.**

**Consumer reporting agencies may not report outdated negative information**

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry.

By Signing below, I grant authority to obtain reports of the following nature only: **Motor Vehicle Record and PSP Report (see PSP Consent Form)**

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

Print Name: \_\_\_\_\_

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

## INQUIRY TO PAST EMPLOYER

| SECTION 1   | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE |
|---|---|
| <p>The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated below, all liability of you and your company has been released by the applicant. <b>Please fax:</b> _____ <b>or Email to:</b> _____</p> |   |
| <p>1. Name of applicant: _____</p>  |   |
| <p>2. Social Security Number: XXX-XX-_____</p>  |   |
| <p>3. Job applied for: _____</p>  |   |
| <p>4. Dates of employment: From: _____ To: _____</p>  |   |

| SECTION 2  | TO BE COMPLETED BY PREVIOUS EMPLOYER   |                              |
|--|--|------------------------------|
| <p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p>   |  |                              |
| <p>1. Did he/she drive a Commercial Motor Vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Bus <input type="checkbox"/> Tractor- Semitrailer <input type="checkbox"/> Tanker <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other _____</p> |  |                              |
| <p>2. Number of accidents: Number Preventable: _____ Number Non-Preventable: _____</p>   |  |                              |
| <p>3. If the driver has <b>NOT</b> been involved in any motor vehicle accidents please check this box: <input type="checkbox"/></p>  |  |                              |
| <p>4. Employees General Conduct: Above average <input type="checkbox"/>; Average <input type="checkbox"/>; Below Average <input type="checkbox"/>; Poor <input type="checkbox"/>; Satisfactory <input type="checkbox"/></p>  |  |                              |
| <p>5. Why did this employee leave your company?: Resigned <input type="checkbox"/>; Discharged <input type="checkbox"/>; Laid off <input type="checkbox"/></p>   |  |                              |
| <p>6. Would you re-employ this person?: Yes <input type="checkbox"/>; No <input type="checkbox"/>; Upon Review <input type="checkbox"/> Please explain: _____</p> <p>_____</p> <p>_____</p>  |  |                              |
| <p>_____<br/><i>Signature of person supplying information</i></p>  | <p>_____<br/><i>Title/Position</i></p> | <p>_____<br/><i>Date</i></p> |

|   |   |
|---|---|
| <p>_____<br/><i>Name of Former Employer</i></p>   | <p>_____<br/><i>Date Completed</i></p>          |
| <p>I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.</p> |   |
| <p><u>X</u> _____<br/>(Applicant's signature)</p>   | <p><u>X</u> _____<br/>(Witness's signature)</p> |



Employee Name \_\_\_\_\_

|   |   |
|---|---|
| <b>SECTION 3</b>  | <b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b> |
| <b>DRUG AND ALCOHOL HISTORY</b>   |   |
| <p>If driver was <b>not</b> subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.</p>                                    |   |
| <p>Driver was subject to Department of Transportation testing requirements from _____ to _____. <b>YES</b> <b>NO</b></p>  |   |
| <p>1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?..... <input type="checkbox"/> <input type="checkbox"/></p>   |   |
| <p>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?..... <input type="checkbox"/> <input type="checkbox"/></p>   |   |
| <p>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ..... <input type="checkbox"/> <input type="checkbox"/></p>  |   |
| <p>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? ..... <input type="checkbox"/> <input type="checkbox"/></p>  |   |
| <p>5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. .... <input type="checkbox"/> <input type="checkbox"/></p> |   |
| <p>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this Driver subsequently have an alcohol test result of 0.04 or greater, a verified positive test, or refuse to be tested?..... <input type="checkbox"/> <input type="checkbox"/></p>              |   |
| <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 2.</p>   |   |
| <p>Name: _____</p>  |   |
| <p>Company: _____</p>   |   |
| <p>Street: _____</p>  |   |
| <p>City, State, Zip: _____ Telephone: _____ Completed by _____ (Signature): _____</p>   |   |
| <p>Date: _____</p>  |   |

|  |  |
|--|--|
| <b>SECTION 4a:</b>   | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> |  |
| <p>By: _____ Date: _____</p>   |  |

|  |  |
|--|--|
| <b>SECTION 4b:</b>   | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>Complete below when information is obtained.</p>  |  |
| <p>Information received from: _____</p>  |  |
| <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone</p> |  |
| <p>Date: _____ <input type="checkbox"/> Other _____</p>  |  |

## POST ACCIDENT DRUG & ALCOHOL TESTING PROCEDURE ACKNOWLEDGEMENT

### Subpart C - Tests required

§ 382.303 Post-accident testing. (a) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol for each of its surviving drivers: (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or (2) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved: (i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle. (b) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for controlled substances for each of its surviving drivers: (1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or (2) Who receives a citation within thirty-two hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved: (i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (ii) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle. (c) The following table notes when a post-accident test is required to be conducted by paragraphs (a)(1), (a)(2), (b)(1), and (b)(2) of this section:

| TYPE OF ACCIDENT  | CITATION ISSUED TO THE CMV DRIVER |    | TEST MUST BE PERFORMED BY THE EMPLOYER |     |
|---|-----------------------------------|----|--|-----|
|   | YES                               | NO | YES                                    | YES |
| HUMAN FATALITY  | YES                               | NO | YES                                    | YES |
| BODILY INJURY WITH IMMEDIATE TREATMENT AWAY FROM THE ACCIDENT SCENE | YES                               | NO | YES                                    | NO  |
| DISABLING DAMAGE TO ANY MOTOR VEHICLE REQUIRING A TOW-A-WAY         | YES                               | NO | YES                                    | NO  |

(d)(1) 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. (2) 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. (e) A driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the employer to have refused to submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care. (f) An employer shall provide drivers with necessary post-accident information, procedures and instructions, prior to the driver operating a commercial motor vehicle, so that drivers will be able to comply with the requirements of this section. (g)(1) The results of a breath or blood test for the use of alcohol, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to the applicable Federal, State or local alcohol testing requirements, and that the results of the tests are obtained by the employer. (2) The results of a urine test for the use of controlled substances, conducted by Federal, State, or local officials having independent authority for the test, shall be considered to meet the requirements of this section, provided such tests conform to the applicable Federal, State or local controlled substances testing requirements, and that the results of the tests are obtained by the employer. (h) Exception. This section does not apply to: (1) An occurrence involving only boarding or alighting from a stationary motor vehicle; or (2) An occurrence involving only the loading or unloading of cargo; or (3) An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle (as defined in § 571.3 of this title) by an employer unless the motor vehicle is 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 § 177.823 of this title.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver Name - PRINT



**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

In connection with your application for work under the operating authority of \_\_\_\_\_, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If \_\_\_\_\_ uses any information it obtains from FMCSA in a decision to not utilize you or to make any other adverse decision regarding you, \_\_\_\_\_ will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, \_\_\_\_\_ will notify you that the action has been taken and that the action was based in part or in whole on this report. \_\_\_\_\_ cannot obtain background reports from FMCSA unless you consent in writing. If you agree that \_\_\_\_\_ may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist \_\_\_\_\_ to make a determination regarding my suitability as a driver operating under their operating authority. I further understand that neither \_\_\_\_\_ nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I have read the above Notice Regarding Background Reports provided to me by \_\_\_\_\_ and I understand that if I sign this consent form, \_\_\_\_\_ may obtain a report of my crash and inspection history. I hereby authorize \_\_\_\_\_ and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

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

Name (Please Print): \_\_\_\_\_

## DRIVER'S ROAD TEST EXAMINATION/CERTIFICATION

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

Driver's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Driver's CDL Number: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance (SAT = Satisfactory UNSAT = Unsatisfactory)

- \_\_\_\_\_ The pretrip inspection. (As required by Sec. 392.7)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles
- \_\_\_\_\_ Turning the vehicle
- \_\_\_\_\_ Braking, and slowing the vehicle by means other than braking
- \_\_\_\_\_ Backing, and parking the vehicle
- \_\_\_\_\_ Other - Explain: \_\_\_\_\_

Type or Power Unit: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Length of Test: \_\_\_\_\_ Miles                      Time: \_\_\_\_\_ to \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on the above date consisting of the above miles and time.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
Examiner's Name / Title

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Examiner's Company Name

\_\_\_\_\_  
Address

## DOT Drug and Alcohol Policy

**H & D Waste Services, LLC** is dedicated to the health and safety of our drivers. Drug and/or alcohol use may pose a serious threat to driver health and safety. Therefore, it is the policy of **H & D Waste Services, LLC** to prevent the use of drugs and abuse of alcohol from having an adverse effect on our drivers.

The serious impact of drug use and alcohol abuse has been recognized by the federal government. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which require the company to implement an alcohol and controlled substances testing program.

The purpose of the FMCSA- issued regulations is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or the use of controlled substances by drivers of commercial motor vehicles. The company will comply with these regulations and is committed to maintaining a drug-free workplace.

It is the policy of **H & D Waste Services, LLC** 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 the company premises, engaged in company business, operating company equipment, or while under the authority of **H & D Waste Services, LLC** is strictly prohibited. Disciplinary action will be taken as necessary. Neither this policy nor any of its terms are intended to create a contract of employment or contain the terms of any contract of employment. The company retains the sole right to change, amend, or modify any term or provision without notice.

### Responsibility

In accordance with 49 CFR 382.601(a), each employer shall provide educational materials that explain the requirements in Part 382 and the employer's policies and procedures with respect to meeting these requirements. The employer shall ensure that a copy of these materials is distributed to each driver prior to the start of alcohol and controlled substances testing under this part and to each driver subsequently hired or transferred into a safety-sensitive function position (i.e., operating a commercial motor vehicle as defined in 382.107 requiring a CDL).

Each driver hired or transferring into a safety-sensitive function is responsible for reviewing the content of the information presented to drivers. Each driver is responsible for asking questions about the procedures if the content is unclear to him/her.

### Drug and Alcohol Procedures

All drivers who operate commercial motor vehicles that require a commercial driver's license under 49 CFR Part 383 are subject to the FMCSA's drug and alcohol regulations, 49 CFR Part 382.

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

- 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
- Has a gross vehicle weight rating of 26,001 or more pounds; or
- Is designed to transport 16 or more passengers, including the driver; or
- 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).

The Federal Motor Carrier safety Regulations (FMCSRs) set the minimum requirements for the testing. This policy will clearly define what is mandated by the FMCSRs and what company procedure is. It is the company's responsibility to provide testing for the driver that is in compliance with all federal and state laws and regulations, and within the provisions for this policy. The company will retain all records related to testing and the testing process in a secure and confidential matter.

The driver is responsible for complying with the requirements set forth in this policy. The driver will not use, have possession of, abuse, or have the presence of alcohol or any controlled substance in excess of regulation-established threshold levels while on duty. The driver will not use alcohol within 4 hours of performing a "safety-sensitive" function, while performing a "safety sensitive" function, or immediately after performing a "safety-sensitive" function. The driver must submit to alcohol and controlled substances tests administered under Part 382.

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 include:

- All time at an employer terminal, facility or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the company;
- All time inspecting equipment as required by Secs. 392.7 and 392.8 or other-wise inspecting, servicing, or conditioning any CMV at any time;
- All time spent at the driving controls of a CMV in operation;
- All time, other than driving time, in or upon any CMV, except time spent resting in a sleeper berth (Sec. 393.76);
- 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
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

All supervisors must make every effort to be aware of a driver's condition at all times the driver is in service of the company. The supervisor must be able to make reasonable suspicion observations to determine if the driver is impaired in some way, and be prepared to implement the requirements of this policy if necessary.

#### **Alcohol Prohibitions**

Part 382, Subpart B, prohibits any alcohol misuse that could affect performance of safety-sensitive functions. This includes:

- Use while performing safety-sensitive functions;
- Use during the 4 hours before performing safety-sensitive functions;
- Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater;
- Use of alcohol for up to 8 hours following an accident or until the driver undergoes a post-accident test; or
- Refusal to take a required test.

Per FMCSA regulation (Sec. 382.505), 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 administration of the test.

### Drug Prohibitions

Part 382, Subpart B, prohibits any drug use that could affect the performance of safety-sensitive functions. This includes:

- Use of any drug, except when administered to a driver by, or under the instructions of, a licensed medical practitioner, who has advised the driver that the substance will not affect the driver's ability to safely operate a CMV.
- Testing positive for drugs; or
- Refusing to take a required test.

Controlled substances mean those substances identified in 49 CFR, Section 40.85. In accordance with FMCSA rules, urinalyses will be conducted to detect the presence of the following substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- 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 requirements established in 49 CFR, Section 40.87.

### Circumstances for Testing

#### Pre-employment 382.301

In accordance with 382.301, all driver applicants will be required to submit to and pass a urine drug test as a condition of employment. Each applicant will be asked whether he/she has tested positive, or refused to test, on any DOT pre-employment drug test administered by an employer to which he/she applied for, but did not obtain, safety-sensitive transportation work during the past 2 years. If the applicant admits that he/she has tested positive, or refused to test, on any DOT pre-employment test, the applicant may not perform any safety-sensitive functions for the company until and unless the applicant documents successful completion of the return-to-duty process.

#### Reasonable Suspicion Testing (Sec. 382.307)

If the driver's supervisor or another company official designated to supervise drivers believes a driver is under the influence of drugs or alcohol, the driver will be required to undergo a drug and/or alcohol test. The basis of the decision will be specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver. The driver's supervisor or another company official will immediately remove the driver from any and all safety-sensitive functions and take the driver or make arrangements for the driver to be taken to a testing facility. If an alcohol test was not administered within 8 hours of reasonable suspicion determination, all attempts to administer the test shall cease. A record of why the test was not administered must be prepared and maintained.

#### Post-Accident testing (Sec. 382.303)

Drivers are to notify the designated employee representative as soon as possible if they are involved in an accident. According to FMCSA regulations (Sec. 382.303), if the accident involved the following, the driver will be tested for drugs and alcohol:

| TYPE OF ACCIDENT  | CITATION ISSUED TO THE CMV DRIVER |    | TEST MUST BE PERFORMED BY THE EMPLOYER |     |
|---|-----------------------------------|----|--|-----|
|   | YES                               | NO | YES                                    | YES |
| HUMAN FATALITY  | YES                               | NO | YES                                    | YES |
| BODILY INJURY WITH IMMEDIATE TREATMENT AWAY FROM THE ACCIDENT SCENE | YES                               | NO | YES                                    | NO  |
| DISABLING DAMAGE TO ANY MOTOR VEHICLE REQUIRING A TOW-A-WAY         | YES                               | NO | YES                                    | NO  |

The driver must remain readily available for testing. If the driver is not readily available for testing, he/she may be deemed as refusing to submit to testing. A driver involved in an accident may not consume alcohol for 8 hours or until testing is completed. If the alcohol test is not administered within 8 hours following the accident, all attempts to administer the test will cease. The drug test must be administered within 32 hours of the accident. After 32 hours all attempts to administer a drug test will cease. A record will be prepared and maintained stating the reasons why the testing was not administered within the allotted time frame.

#### Random Testing (Sec. 382.305)

**H & D Waste Services, LLC** will conduct random testing for all drivers as follows.

- **H & D Waste Services, LLC** will use a consortium. The consortium will use a selection process based on a scientifically valid method, prescribed by FMCSA regulations.
- **Work Well Occupational Services** will administer the random testing program, maintaining all pertinent records on random tests administered.
- At least 10 percent of the consortium's average number of driver positions will be tested for alcohol each year, and at least 50 percent of the consortium's average number driver positions will be tested for drugs each year.

The random testing will be spread reasonably throughout the year. All random drug and alcohol tests will be unannounced, with each driver having an equal chance of being tested each time selections are made. A driver may only be tested for alcohol while he/she is performing a safety-sensitive function, just before performing a safety-sensitive function, or just after completing a safety-sensitive function. Once notified that he/she has been randomly selected for testing, the driver must proceed immediately to the assigned collection site.

#### Return-to-Duty Testing (Sec. 382.306)

After failing an alcohol test, a driver must undergo a return-to-duty test prior to performing a safety-sensitive function. After testing positive for a controlled substance, the driver must undergo a return-to-duty test under direct observation prior to performing a safety-sensitive function. Direct observation means the observer must request the employee to raise his/her shirt, blouse, or dress/skirt above the waist; and lower clothing and underpants to show, by turning around, that he/she does not have a prosthetic device. After the observer has determined that the employee does not have such a device, he/she may permit the employee to return clothing to its proper position for observed urination.

#### Follow-Up Testing (Sec. 382.311)

Following the driver's violation of Part 382, Subpart B, the driver will be subject to unannounced follow-up testing. The number and frequency of such testing will be directed by the Substance Abuse Professional (SAP), and consist of at least six tests in the first 12 months. Follow-up testing may be done for up to 60 months. Follow-up drug tests must be conducted under direct observation.

#### Refusal to Submit

According to Sec. 382.211, a driver may not refuse to submit to a post-accident, random, reasonable suspicion, or follow-up drug and/ or alcohol test required by the regulations. A driver who refuses to submit to such tests may not perform or continue to perform safety-sensitive functions and must be evaluated by a SAP as if the driver tested positive for drugs or failed an alcohol test. Refusal to submit to a controlled substances or an alcohol test means that a driver:

- Fails to appear for any test (except pre-employment) within a reasonable time, as determined by the company, consistent with applicable DOT regulations, after being directed to do so by the company. This includes the failure of a driver (including an owner-operator) to appear for a test when called by a C/TPA;
- Fails to remain at the testing site until the testing is complete (except pre-employment if the driver leaves before the testing process begins);



- Fails to provide a urine specimen for any DOT required drug test ( except pre-employment if the driver leaves before the testing process begins);
- 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 the specimen;
- Fails 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;
- Fails or declines to take a second test the employer or collector has directed the driver to take;
- Fails to undergo a medical examination or evaluation, as directed by the MRO a part of the verification process, or as directed by the DER.
- Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- For an observed collection, fails to follow the observer's instructions to raise his/her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if he/she has any type of prosthetic or other device that could be used to interfere with the collection process.
- Possesses or wears a prosthetic or other device that could be used to interfere with the collection process.
- Admits to the collector or MRO that he/she adulterated or substituted the specimen.
- Is reported by the MRO as having a verified adulterated or substituted test result.

#### Dilute Specimens

If the MRO directs the company to conduct a recollection under direct observation (i.e., because the creatinine concentration of the specimen was equal to or greater than 2 mg/dL, but less than or equal to 5 mg/dL (see 40.155(c), **H & D Waste Services, LLC** will do so immediately. If the employee declines to take a test as directed in accordance with 40.197(b), the employee has refused the test for purposes of Part 40 and DOT agency regulations.

#### **Alcohol Testing Procedures**

Alcohol testing will be conducted by a qualified breath alcohol technician (BAT), according to 49 CFR Part 40 procedures. When the driver arrives at the testing site;

- The BAT will ask for picture identification.
- The BAT will then explain the testing procedure to the driver.
- A screening test is performed first.
- The mouthpiece of the breath testing device must be sealed before use, and opened in the driver's presence.
- Then the mouthpiece is inserted into the breath testing device.
- The driver must blow forcefully into the mouthpiece of the testing device until an adequate amount of breath as been obtained.
- Once the test is completed, the BAT must show the driver the results.
- The results will be documented on the alcohol testing form in the designated space.
- If the reading on the EBT is 0.02 or more, a confirmation test must be performed.
- Refusal to complete and sign the alcohol testing form or refusal to provide breath will be considered a failed test, and the driver will be removed from all safety-sensitive functions until the matter is resolved.

### Drug Testing Procedures

Drug testing will be conducted at **Work Well Occupational Services 221 W Tioga ST Tunkhannock Pa 18657** for specimen collection in accordance with 49 CFR Part 40. The collection procedures have been designed to ensure the security and integrity of the specimen provided by each driver. The procedure will strictly follow federal chain of custody guidelines;

- A drug testing custody and control form (CCF) will be used to document the chain of custody from the time the specimen is collected at the testing facility until it is tested at the laboratory.
- A collection kit meeting the requirements of Part 40, Appendix A must be used for the drug test.
- The collection of specimen must be conducted in a suitable location and must contain all necessary personnel, materials, equipment, facilities, and supervision to provide for collection, security, and temporary storage and transportation of the specimen to a certified laboratory.
- When the driver arrives at the collection site, the collection site employee will ask for picture identification. The driver may ask the collector for identification.
- The driver will be asked to remove all unnecessary outer garments (coat, jacket) and secure all personal belongings. The driver may keep his/her wallet.
- The driver will then wash and dry his/her hands. After washing hands, the driver must remain in the presence of the collection site person and may not have access to fountains, faucets, soap dispensers, or other materials that could adulterate the specimen.
- The collection site person will select, or allow the driver to select, an individually wrapped or sealed container from the collection kit materials. Either the collection site person or the driver, with both individuals present, must unwrap or break the seal of the collection container. The seal on the specimen bottle may not be broken at this time. Only the collection container may be taken into the room used for urination.
- The driver is then instructed to provide his/her specimen in a room that allows for privacy.
- The specimen must consist of at least 45 mL of urine. Within 4 minutes after obtaining the specimen, the collection site person will measure its temperature. The acceptable temperature range is 90 to 100 degrees Fahrenheit. If the specimen temperature is outside the acceptable range, the collector must note this on the CCF and must immediately conduct a new collection using direct observation procedures. Both specimens must be sent to the lab for testing and the collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.
- The collection site person will also inspect the specimen for color and look for signs of contamination or tampering. If there are signs of contamination or tampering, the collector must immediately conduct a new collection using direct observation procedures. Both specimens must be sent to the lab for testing. The collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.
- The 45mL sample provided must be split into a primary specimen of 30 mL and a second specimen (used as the split) of 15 mL. The collection site person must place and secure the lids on the bottles, place tamper-evident bottle seals over the lids and down the sides of the bottles, and write the date on the tamper-evident seals. The driver then initials the tamper-evident bottle seals to certify that the bottles contain specimens he/she provided. All of this must be done in front of the driver.
- All identifying information must be entered on the CCF by the collection site person.
- The CCF must be signed by the collection site person, certifying collection was accomplished in accordance with the instructions provided. The driver must also sign this form indicating the specimen was his/hers.
- The collector is responsible for placing and securing the specimen bottles and a copy of the CCF into an appropriate pouch or plastic bag.

- At this point, the driver may leave the collection site.
- The collection site must forward the specimens to the lab as quickly as possible, within 24 hours or during the next business day.

#### **Laboratory Analysis**

As required by FMCSA regulations, only a laboratory certified by the Department of Health and Human Services (DHSS) will perform urinalysis for the presence of controlled substances and will be retained by **H & D Waste Services, LLC**. The lab will be required to maintain strict compliance and federally-approved chain-of-custody procedures, quality control, maintenance, and scientific analytical methodologies. All specimens are required to undergo an initial screen followed by confirmation of all positive screen results.

#### **Results**

According to FMCSA regulation, the laboratory must report all test results directly to the MRO. The MRO is responsible for reviewing and interpreting all confirmed positive, adulterated, substituted, or invalid drug test results. The MRO must determine whether alternate medical explanations could account for the test results. The MRO must also give the driver who has a positive, adulterated, substituted, or invalid drug test result an opportunity to discuss the results prior to making a final determination. After the decision is made, the MRO must notify the DER. If the MRO is unable to contact a tested driver, the MRO shall contact the DER instructing him/her to contact the driver. The DER will arrange for the driver to contact the MRO before going on duty. The MRO may verify a positive, adulterated, or substituted specimen without having communicated with the driver about the test results if:

- The driver expressly declines the opportunity to discuss the results of the test;
- Neither the MRO or DER has been able to make contact with the driver for 10 days; or
- Within 72 hours after a documented contact by the DER instructing the driver to contact the MRO, the driver has not done so.

As required by the FMCSA regulations, the MRO must notify each driver who has a positive, adulterated, or substituted drug test result that he/she has 72 hours to request the test of the split specimen. If the driver requests the testing of the split, the MRO must direct the lab to provide the split specimen to another certified lab for analysis. The driver will pay for the testing of the split specimen.

#### **Substance Abuse Professional**

Prior to returning to duty, a driver who fails an alcohol test or tests positive for drugs must be evaluated by a SAP and complete the treatment recommended by the SAP. Successful completion of a return-to-duty test and all follow-up tests is mandatory. A list of substance abuse professionals will be provided to all drivers.

#### **Confidentiality/Recordkeeping**

All driver drug and alcohol test results are considered confidential (Sec. 382.401). For the purpose of this policy, confidential recordkeeping is defined as records maintained in a secure manner, under lock and key, accessible only to the program administrator.

#### **Effects on Driver Performance**

Alcohol: Statistical reports make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely.

Amphetamines: Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect

of amphetamines is characterized by physical fatigue and depression, which make operation of vehicles dangerous.

Cocaine: Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.

Marijuana: Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces. Regular use can cause delayed decision-making, diminished concentration, impaired short-term memory, impaired signal detection, erratic cognitive function and distortions in time estimation.

Opiates: The apathy caused by opiates can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP): The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

#### **Designated Employee Representative**

Any questions regarding this Drug and Alcohol Policy should be directed to:

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

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

**CERTIFICATE OF RECEIPT OF COMPANY  
DRUG AND ALCOHOL POLICY FOR DOT-REGULATED DRIVERS  
&  
RECEIPT OF TRAINING/EDUCATIONAL MATERIALS**

I certify that I am in receipt of, have read, and do understand **H&D Waste Services, LLC** ("the Company") policies, procedures, and educational materials regarding substance-abuse prevention and substance-abuse testing, as required by the Federal Motor Carrier Safety Administration. Specifically, I certify that I have received detailed information setting forth:

- the identity of the person designated to answer questions about the Company's Drug and Alcohol Policy for DOT-Regulated Drivers ("Policy");
- categories of drivers subject to Part 382;
- what (per DOT) is meant by "safety-sensitive functions" so that I understand what period of the workday I am required to be in compliance with the regulations;
- what is prohibited by the regulations and by the Company Policy;
- the circumstances under which I will be tested;
- the procedures for post-accident testing;
- the requirement that I submit to testing as required by the regulations;
- an explanation of what constitutes a refusal-to-test, and the consequences for refusing to submit to testing;
- the consequences under the regulations and the consequences as a matter of Company policy if I violate the regulations and/or test positive;
- the consequences if I test positive for alcohol at the level of .02 or greater; and
- information concerning the effects of alcohol and drug abuse on my health, work, and personal life, and signs and symptoms of alcohol or drug problems.
- drug and alcohol prohibitions 392.4 and 392.5
- procedure for referral to a Substance Abuse Professional
- Information regarding drug & alcohol treatment programs
- return to duty and follow up testing procedures

I understand and further agree to educate myself on the rules and regulations regarding drug and alcohol abuse in accordance with the DOT and that if I am concerned about my use of alcohol or controlled substances, or the use of alcohol or controlled substances by a co-worker, I can and should seek assistance from the Company or from an appropriate assistance program in my community. I further understand that I may have a copy of this Certificate of Receipt if I so request.

\_\_\_\_\_  
**Drivers Signature**

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

\_\_\_\_\_  
**Drivers PRINTED Name**

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

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

\_\_\_\_\_  
**Witness PRINTED Name**