DRUG/ALCOHOL TEST NOTIFICATION FORM

NO. 405.8 Exhibit D (Four Copies)

Date	
Name	
Social Security Number	
The above named employee is to have the followard Drug Alcohol Both Drug and Alcohol	
Type of Test: Random Pre-Employment (drug of Post-Accident	only)
Reasonable Suspicion: _ Time Left District	
District Contact Person: Laci Johnson, Director of Human Resort (319) 753-6791	urces
District Employee Transporting Driver to Colle	ection Site
Time Arrived at Collection Site	Collection Site Person
Time Test Was Completed	Collection Site Person
I understand I am agreeing to be transported to	the collection site located at:
(Address of collection site)	

I understand a positive drug test result 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 my drug and alcohol testing results are reported to and maintained by the district and the Iowa Drug and Alcohol Testing (IDATP) 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	
Approved: <u>07/28/03</u>	Reviewed: <u>04/25/16</u> 11/12/18	Revised:	
	11/12/18 08/07/23		