



ACKNOWLEDGMENT OF RECEIPT OF POLICY AND RELATED EDUCATIONAL MATERIAL

- I ACKNOWLEDGE RECEIPT OF DOC 810.010 Alcohol and Controlled Substance Testing for CDL Drivers,
- I ALSO ACKNOWLEDGE RECEIPT OF educational materials covering alcohol and controlled substances misuse, the effects of alcohol and/or controlled substances in the workplace, rehabilitation services available, and the name of the person designated by the Department to answer questions about the materials, and
- This certifies that I have received, read, and agree to become familiar with and have a thorough knowledge and understanding of the contents of all materials received.

Name	Signature	Date
Trainer/Supervisor	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Employee Occupational Health Record **COPY** - Personnel file, Employee