

City of Portland

CDL Driver Education Materials

**Revised March 30, 2009
Adopted July 8, 2009**

ORDINANCE No. 183002

*Adopt revised City Commercial Driver's License Drug and Alcohol policy and Driver Education Materials. (Ordinance)

The City of Portland ordains:

Section 1. The Council finds:

1. The City of Portland's Commercial Driver's License Drug and Alcohol policy and CDL Driver's Education Materials have been revised to reflect updates to Department of Transportation regulations, effective March 30, 2009.
2. The policy and driver's education materials are attached to this Ordinance marked Exhibit A and Exhibit B respectively, which by this reference are made a part hereof.
3. The City of Portland will complete its bargaining obligations under the law by bargaining the impact of the revised policy with the DCTU, COPPEA and Seasonal Maintenance Worker bargaining units.
4. This ordinance is binding city policy.

NOW, THEREFORE, the Council:

- a. Adopts the revised Commercial Driver's License Drug and Alcohol Policy and CDL Driver's Education Materials for employees of the City of Portland and applicants for certain classified positions in the City.
- b. Directs the Director of the Bureau of Human Resources to implement the policies and procedures herein adopted.

Section 2. The Council declares that an emergency exists because prompt action is necessary for the orderly implementation of the provisions of the drug and alcohol policy in a timely fashion; therefore, this ordinance shall be in full force and effect from and after its passage by the Council.

Passed by the Council:

JUL 08 2009

Mayor Sam Adams

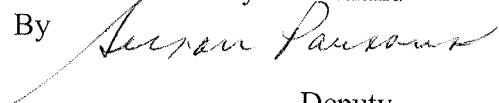
Prepared by: Yvonne L. Deckard:MW

Date Prepared: 6/16/09

LaVonne Griffin-Valade

Auditor of the City of Portland

By



Deputy

**COMMERCIAL DRIVER'S LICENSE
DRUG & ALCOHOL POLICY
REVISED 3/30/09
ADOPTED 7/8/09**

Purpose

The purpose of this policy is to protect employees, co-workers and the public from the risks posed by the misuse of drugs and/or alcohol by drivers of commercial vehicles and to comply with the federal Department of Transportation (DOT) drug and alcohol testing regulations for Commercial Drivers Licenses (CDL).

Scope

This policy applies to all employees who are required to have and maintain CDLs as part of their employment (CDL employees).

Required Tests

1. Pre-employment – conducted for all applicants for positions that require or may require CDLs as a condition of employment.
 2. Post-accident – conducted after accidents on drivers whose performance could have contributed to the accident (as determined by a citation for a moving traffic violation and bodily injury or disabling damage to any motor vehicle) and for all fatal accidents even if the driver is not cited for a moving traffic violation.
 3. Reasonable suspicion – conducted when CDL employees exhibit behavior, appearance, speech or body odor, or when other relevant information exists to suspect drug use or alcohol misuse.
 4. Random – conducted on a random, unannounced basis while at work.
 5. Return-to-duty (RTD) – conducted **before** CDL employees return to work after engaging in certain prohibited conduct (e.g. positive drug test, alcohol test of .02 or above) if the CDL employees are not discharged.
 6. Follow-up tests – conducted **after** CDL employees return to work after engaging in certain prohibited conduct under this rule if the CDL employees are not discharged.
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Testing Procedures and Results

Alcohol Tests

All alcohol tests are done by breath analysis or such other methods as approved by the DOT.

Drug Tests

All drug tests are done by urinalysis or such other methods as approved by the DOT. Urine specimens are analyzed for the following drugs:

Marijuana
Cocaine
Amphetamines
Opiates (including heroin)
Phencyclidine (PCP)

The following shall constitute positive drug tests under this policy:

<u>Drug</u>	<u>Confirmation Test Result</u>
Marijuana	15 ng/mL or above
Cocaine	150 ng/mL or above
Amphetamines	500 ng/mL or above
Opiates	2000 ng/mL or above
Phencyclidine (PCP)	25 ng/mL or above

**Prohibited
Conduct****Alcohol**

1. Using, possessing, distributing or selling alcohol while at work, in City vehicles or while on City business.
2. Reporting for work or remaining on duty while having an alcohol concentration of .02 or greater.
3. Working within four hours after consuming alcohol.
4. Using alcohol within eight (8) hours following an accident, or until undergoing a post-accident alcohol test, whichever occurs first.
5. Refusing to submit to a required alcohol test.

Drugs

1. Using, possessing, distributing or selling illegal drugs or misusing legally prescribed drugs while at work, in City vehicles or while on City business.
2. Using prescription or nonprescription medication before reporting to work or while at work unless a physician has advised the CDL employee that the medication will not adversely affect the employee's ability to operate safely a commercial motor vehicle.
3. Reporting for work or remaining on duty if the employee tests positive for drugs.
4. Refusing to submit to a required drug test.

For purposes of this policy, refusing to submit to a drug or alcohol test means:

- Refusing a directive to take a required test;
 - An inability to provide a specimen or breath sample without a valid medical reason (confirmed by a physician);
 - Tampering, adulterating, or substituting a specimen or any other attempt to defeat or obstruct a drug or alcohol test;
 - Delaying arrival at the designated collection site;
 - Leaving the collection site before the drug or alcohol testing process is complete;
 - Failing to permit an observed or monitored collection when required;
 - Failing to take a second test when required;
 - Failing to undergo a medical evaluation when required;
 - Failing to cooperate with any part of the testing process;
 - Failing to sign Step 2 of the alcohol test form; and
 - Leaving the scene of an accident without cause before submitting to a drug or alcohol test.
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Consequences**Alcohol**

CDL employees who refuse a directive to take a required alcohol test shall be discharged.

CDL employees who tamper with or use any other method to defeat or attempt to obstruct the breath testing process shall be discharged.

CDL employees who test positive for alcohol at .02 or above on the Return to Duty test shall be discharged.

CDL employees who test positive for alcohol between .02 and .039 on other than a Return

to Duty test will be removed immediately from duty, driven home and placed on unpaid leave. Those CDL employees may not return to work for 24 hours after the alcohol test.

CDL employees who test positive for alcohol at .04 on other than a Return to Duty test will be removed immediately from duty, driven home, placed on unpaid leave and will be required to comply with the referral, treatment and evaluation process described below. An employee will not be allowed to return to work in a regulated safety-sensitive capacity following a positive alcohol test until the employee has a Return to Duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

In addition, CDL employees shall be subject to discipline, up to and including discharge, for:

- Using, possessing, distributing or selling alcohol while at work, in City vehicles or on City business;
- Reporting for work or remaining on duty while having an alcohol concentration of .02 or above;
- Working within four hours after consuming alcohol;
- Using alcohol within eight (8) hours following an accident, or until undergoing a post-accident alcohol test, whichever occurs first;
- Failing to report prescription or non-prescription medication that could impair CDL employees' ability to do their jobs;
- Engaging in other conduct that constitutes refusing to submit to a required alcohol test;
- Failing to comply with the referral, treatment or evaluation process.

Drugs

CDL employees who refuse a directive to take a required drug test shall be discharged.

CDL employees who tamper with, adulterate, substitute a urine sample or use any other method to defeat or attempt to obstruct the drug testing process shall be discharged.

CDL employees who test positive for drugs on the Return to Duty test shall be discharged.

CDL employees who test positive for drugs on other than a Return to Duty test will be removed immediately from duty, driven home, placed on unpaid leave, and will be required to comply with the referral, treatment and evaluation process described below. An employee will not be allowed to return to work in a regulated safety-sensitive capacity following a positive drug test until the employee has a Return to Duty drug test with a verified negative result.

In addition, CDL employees shall be subject to discipline, up to and including discharge, for:

- Using, possessing, distributing or selling illegal drugs or misusing legally prescribed drugs while at work, in City vehicles or while on City business;
 - Using prescription or nonprescription medication unless a physician has advised the CDL employee that the medication will not adversely affect the employee's ability to operate safely a commercial motor vehicle;
 - Failing to report prescription or non-prescription medication that could impair CDL employees' ability to do their jobs;
 - Reporting for work or remaining on duty if the employee tests positive for drugs;
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- Engaging in other conduct that constitutes refusing to submit to a required drug test; or
 - Failing to comply with the referral, treatment or evaluation process.
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**Transfer,
Promotion, or
Work-out-of-Class
in CDL Positions**

Employees who seek a transfer, promotion, or working out of class assignment in a position that requires a CDL must first pass a pre-employment test.

An employee who tests positive or who refuses to take required drug and alcohol tests will not be appointed and will be removed from further consideration for permanent, temporary or working-out-of classification assignments within the classification for which the assignment or promotion was sought for a period of no less than twelve (12) months. Disciplinary action may also result.

**Referral,
Evaluation and
Treatment**

CDL employees who test positive for drugs or for alcohol at .04 or above (or who refuse to take a drug or alcohol test) shall be evaluated by a Substance Abuse Professional (SAP). The SAP will determine what assistance, if any, the CDL employee needs in resolving problems associated with alcohol or drug abuse. CDL employees shall be required to participate in and successfully complete any treatment recommendations by the SAP. The SAP may direct the employee to undergo unannounced, follow-up drug and/or alcohol testing following the employee's return to duty.

CDL employees must take and pass successfully a Return to Duty (RTD) drug and/or alcohol test before they may return to work. For purposes of this subpart, successfully passing an RTD alcohol test means a test result of lower than .02. See the section above entitled "Consequences" for failing an RTD test.

**Record Retention
and
Confidentiality**

Drug and alcohol test results are confidential. The City will not release CDL employees' drug and alcohol test results unless required or permitted by law or the CDL employee authorizes the release in writing.

**Self Recognized
Drug and/or
Alcohol Abuse**

The City encourages all employees to seek assistance and to use the City's Employee Assistance Program (EAP) in dealing with personal drug or alcohol problems. The EAP program is confidential and CDL employees' use of the EAP will not be reported to the City unless the employee voluntarily chooses to share that information or the EAP perceives the employee as a threat to themselves or to others.

Timely self disclosure of drug or alcohol problems and successful treatment will be viewed positively. CDL employees who timely self disclose drug or alcohol abuse shall not be subject to the DOT referral, evaluation and treatment requirements. Nonetheless, such CDL employees must still be evaluated by a qualified drug and alcohol abuse expert, successfully complete any drug or alcohol treatment prescribed and pass a Return to Duty drug and/or alcohol test before returning to duty. CDL employees who self disclose drug or alcohol problems may be subject to non-DOT follow-up testing as determined by the qualified drug and alcohol abuse expert.

CDL employees who timely self disclose drug or alcohol abuse shall not be subject to discipline for their drug or alcohol misuse. For purposes of this policy, timely self disclosure means an admission that is not made to avoid the testing requirements of the DOT regulations and is made before the CDL employee has engaged in prohibited conduct under this policy. For purposes of illustration, CDL employee A took methamphetamine

two hours before reporting to duty at 7:30 a.m. His shift started at 7:00 a.m. When his supervisor called the employee into the office to talk to him about arriving late to work, the employee stated he had a problem with drugs and had taken methamphetamine before work. The disclosure is not “timely.”

However, timely self disclosure, participation in the EAP or other acceptable treatment program will not prevent the City from imposing discipline for conduct that violates other City or Bureau work rules and will not relieve CDL employees from performing assigned duties safely, efficiently and effectively. For purposes of illustration, changing the example above slightly, employee A did not take methamphetamine before work, but still arrived late to work. When his supervisor began to question him about his tardiness, employee A self disclosed his drug or alcohol problem. Employee A would not receive discipline for using or abusing drugs or alcohol, but he still may be subject to discipline for coming to work late.

Medication

Medication may present a danger to CDL employees, their co-workers and the public due to the medication’s effects on alertness and job performance. CDL employees must report to their immediate supervisors the use of prescription or nonprescription medication that could impair the employees’ ability to perform their jobs. CDL employees are responsible to have their physicians determine whether the medication could reasonably impair their ability to perform their jobs. CDL employees taking medication as prescribed that could impair their ability to perform their jobs will be relieved from duty, driven home and placed on accrued leave, if available.

Medical Marijuana

Marijuana is a Class 1 controlled substance. Its use, possession, distribution or sale is illegal under federal law. Although the State of Oregon permits possession and use of marijuana to treat serious medical conditions when supported in writing by a licensed medical doctor and certain conditions have been met, CDL regulations do not recognize the use of medical marijuana as a legitimate medical reason for a positive drug test. CDL employees using marijuana for medicinal purposes shall be subject to the same consequences as a positive drug test.

Sources of Information

The primary sources for the information included in this handout are: the U.S. Department of Transportation, Office of Drug & Alcohol Policy & Compliance; the Federal Motor Carriers Safety Administration (FMCSA); the federal regulations, 49 CFR, parts 40 and 382; and the City of Portland's CDL Drug and Alcohol Policy.

For additional information regarding CDL regulations, 49 CFR Part 40 can be found in its entirety at www.dot.gov/ost/dapc.

The U.S. Department of Transportation, Office of Drug & Alcohol Policy & Compliance website is odapc@dot.gov.

The Federal Motor Carriers Safety Administration can be located at www.fmcsa.dot.gov.

DER Identity

Maureen Weber is currently the City's primary Designated Employer Representative (DER) for administering the City's CDL policy. Contact her if you have any questions. She can be reached at 503-823-7894, 503-823-8117, or at mweber@ci.portland.or.us.

Alternate DERs are Patrick Ward and Liz Waddle. Contact them after business hours, on weekends or when the primary DER is unavailable. Contact information is as follows:

Patrick Ward: 503-823-3518 or pward@ci.portland.or.us. After hours: 971-322-3795.

Liz Waddle: 503-823-3510 or liz.waddle@ci.portland.or.us. After hours: 503-951-8035.

Introduction

The City of Portland is committed to the maintenance of a drug and alcohol misuse prevention program that meets all applicable requirements of state and federal law. The City views illegal drug use and excessive use of legal drugs and alcohol as a threat to the public welfare and to the health, safety and productivity of its employees. All City employees are subject to Human Resource Administrative Rule 4.01 – Drug and Alcohol Use Prohibited. Those employees who are assigned to duties which require the possession of a Commercial Driver’s License (CDL) are additionally subject to federally mandated drug and alcohol testing regulations. The purpose of the City’s policy and the federal drug testing 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 vehicles.

These materials are intended to guide employees in the application of the U.S. Department of Transportation (DOT) regulations and the City’s drug and alcohol testing policy. All employees who are assigned to duties which require the possession of a CDL are affected by this policy and are subject to the rules and procedures which follow. The City’s policy is intended to comply with DOT regulations.

For purposes of the City’s policy and these materials and as they apply to the DOT regulations, the terms “employee” and “driver” are the same.

If you have questions about the City’s policy or about these materials, please contact your Designated Employer Representative or HR Coordinator for assistance.

Who is subject to DOT testing?

Anyone designated in DOT regulations as performing safety-sensitive functions is subject to DOT drug & alcohol testing. This includes employees whose positions require them to have CDLs, as well as any employee who may perform safety-sensitive functions, even if a CDL is not required for his or her position. All required drug and alcohol testing of employees including pre-employment, reasonable suspicion, random, post-accident, return-to-duty, and follow-up testing costs will be paid by the City. If an employee elects to have split sample testing done, the cost of such testing will be paid by the employee.

What are safety sensitive functions?

All time from the time drivers begin to work or are required to be in readiness to work until the time they are relieved from work and all responsibility for performing work. Safety sensitive functions are:

- All driving time or time spent in any commercial motor vehicle
- All time waiting to be dispatched
- All time loading and unloading or supervising loading and unloading
- All time servicing, inspecting or conditioning any commercial motor vehicle
- All time repairing, waiting or obtaining assistance for a disabled motor vehicle or remaining in attendance with a disabled motor vehicle

When are CDL drivers tested?

CDL drivers are subject to six types of drug or alcohol tests:

- Pre-employment
- Reasonable suspicion/cause
- Random
- Return-to-duty
- Follow-up
- Post-accident

Pre-Employment

New hires are required to submit to a drug test. The City may, but is not required to, conduct alcohol testing. New hires may begin performing safety-sensitive functions only after the City receives a negative drug test result (and negative alcohol test result – if administered). This also applies if you are a current employee transferring from a non-safety-sensitive function into a safety-sensitive position. **Any City employee who has been removed from the testing pool for more than thirty (30) days for any reason must receive a negative test result on a pre-employment test before returning to safety-sensitive functions.**

Reasonable Suspicion/Cause

You are required to submit to any test that a supervisor requests based on reasonable suspicion. Reasonable suspicion means that one or more trained supervisors reasonably believes or suspects that you have engaged in prohibited conduct. They cannot require testing based on a hunch or guess alone; their suspicion must be based on observations concerning your appearance, behavior, speech or smell that are usually associated with drug or alcohol use.

Random

You are subject to unannounced random drug and alcohol testing. Testing is administered just prior to, during, or just after performing safety-sensitive functions. No manager, supervisor, official or agent may select you for testing just because they want to. Under DOT regulations, employers must use a truly random selection process. Each employee must have an equal chance to be selected and tested. Just prior to the testing event, you will be notified of your selection and provided enough time to stop performing your safety sensitive function and report to the testing location.

Post-Accident

If you are involved in an accident, you will have to take a drug and alcohol test under the following circumstances. You must remain readily available for post-accident testing.

Type of Accident Involved	Citation issued to the CDL driver	Test must be performed by employer
Human fatality	YES NO	YES YES
Bodily injury with immediate medical treatment away from the scene	YES NO	YES NO
Disabling damage to any motor vehicle requiring tow away	YES NO	YES NO

Return to Duty

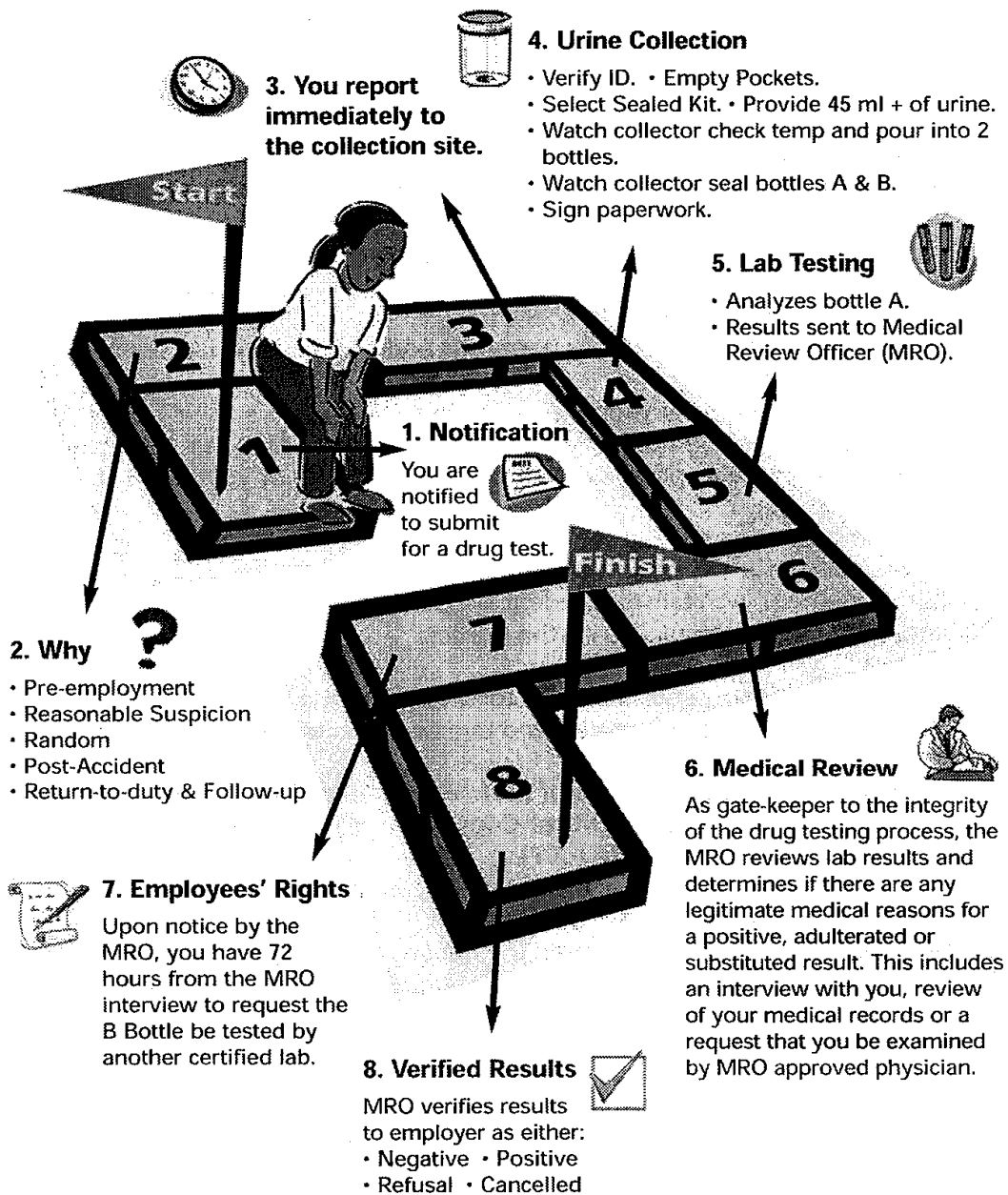
If you are not discharged after a positive drug or alcohol test, you are required to take a Return to Duty drug and/or alcohol test before returning to safety-sensitive functions. The test results must be negative for drugs and less than 0.02 for alcohol.

Follow-up

If you are not discharged after a positive drug or alcohol test, you are subject to unannounced, follow-up testing following your return to safety-sensitive duties. The number of follow-up tests you are required to take is determined by a Substance Abuse Professional (SAP). The SAP will determine how many times (a minimum of 6 times in the first 12 months) you will be tested, for how long (up to 5 years), and for what substance (i.e. drugs, alcohol or both). The City is responsible for ensuring that follow-up testing is conducted and completed according to the SAP's directions. Follow-up testing is in addition to all other DOT required testing.

Q. What happens during the Drug Testing Process?

Overview of DOT Drug Testing



How is a Urine Drug Test administered?

The drug test consists of three components:

- The Collection (49 CFR Part 40, Subparts C, D, E)
- Testing at the Laboratory (49 CFR Part 40, Subpart F)
- Review by the Medical Review Officer (49 CFR Part 40, Subpart G)

What follows is a summary of the procedures for each step.

The Collection

During the Collection process, a urine specimen collector will:

- Verify your identity using a current valid photo ID, such as driver's license, passport, employer issued picture ID, etc.
- Create a secure collection site by:
 - Restricting access to the site to only those being tested
 - Securing all water sources and placing blue dye in any standing water
 - Removing or securing all cleaning products/fluids at the collection site
- Afford you privacy to provide a urine specimen
 - Exceptions to the rule generally surround issues of attempted adulteration or substitution of a specimen or any situation where general questions of validity arise, like any unusual temperature
- Ask you to remove any unnecessary garments and empty your pockets (you may retain your wallet)
- Instruct you to wash and dry your hands
- Request you to provide a specimen (a minimum of 45 mL) of your urine into a collection container
- Check the temperature and color of the urine
- In your presence, pour the urine into two separate bottles (A or primary and B or split), seal them with tamper-evident tape, and then ask you to sign the seals after they have been placed on the bottles

Remember: *Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles and sealed*

- Ask you to provide your name, date of birth, and daytime and evening phone numbers on the Medical Review Officer Copy (Copy #2) of the Federal Drug Testing Custody and Control Form (CCF)
 - This is so the Medical Review Officer (MRO) can contact you directly if there are any questions about your test
- Complete necessary documentation on the Laboratory Copy (Copy #1) of the CCF to demonstrate the chain of custody (i.e. handling) of the specimen
- Give you the Employee Copy (Copy #5) of the CCF and may suggest you list any prescription and over-the-counter medications you may be taking on the back of your copy of the CCF (this may serve as a reminder for you in the event the MRO calls you to discuss your test results)
- Package and ship both sealed bottles and completed CCF to a U.S. Health and Human Services (HHS) certified testing laboratory

If you are unable to provide 45 mL of urine on the first attempt, the time will be noted, and you will be:

- Required to remain in the testing area under the supervision of the collection site personnel, their supervisor, or a representative from your company

Leaving the testing area without authorization may be considered a refusal to test.

- Urged to drink up to 40 oz. of fluid, distributed reasonably over a period of up to three hours
- Asked to provide a new specimen (into a new collection container)

- If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation¹ within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

If you provide a sample that is outside the normal temperature range or that appears to the collector to have been tampered with, you will be required to provide a second sample under **direct observation**.

Direct Observation Testing

You will be observed by a person of your same gender. The observer does not have to be a qualified collector. You will be required to raise your shirt, blouse, or dress/skirt, as appropriate, above the waist; lower clothing and underpants to mid-thigh, and turn around to show the collector that you do not have a prosthetic device. The observer must watch you urinate into the collection container. Specifically, they must watch the urine go from your body into the collection container.

Testing at the Laboratory

At the laboratory, the staff will:

- Determine if flaws exist. If it does, the specimen is rejected for testing
- Open only the A bottle and conduct a screening test. Specimens that screen positive will be analyzed again using a completely different testing methodology to confirm the initial result
 - If the specimen tests negative in either test, the result will be reported as a negative
 - Only if the specimen tests positive under both methods will the specimen be reported to the medical review officer as a positive test
- Report the findings of the analysis of the A bottle to the MRO
- Store the A and B bottles for any reported positive, adulterated, or substituted result for at least 12 months

Remember: The Lab may conduct specimen validity tests (SVTs) to determine if the specimen was adulterated or substituted. Tests found to be adulterated or substituted are also reported to the MRO and may be considered a refusal to test.

Review by the Medical Review Officer

Upon receipt of the test result from the laboratory, the MRO will:

- Review paperwork for accuracy
- Report a negative result to the DER
- If the result is positive, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as negative. If not, the MRO will report the result to the DER as positive

¹ The physical exam is scheduled after the Designated Employer Representative (DER) consults with the Medical Review Officer (MRO). The physician chosen to complete the evaluation must have expertise in the medical issues raised and be acceptable to the MRO.

- If the result is an adulterated or substituted test, conduct an interview with you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as cancelled. If not, the MRO will report the result to the DER as a refusal
- Report a positive test result to the DER if:
 - You refused to discuss the results with the MRO
 - You did not provide the MRO with acceptable medical documentation to explain the positive test result
- Inform you that you have 72 hours from the time of the verified positive result to request to have your B “split” bottle sent to another certified lab for analysis for the same substance or condition that was found in the A “primary” bottle. You are responsible to pay for the testing of the split sample if you chose to have the test done.

What are Medical Review Officers?

Under DOT regulations, MROs are licensed physicians with knowledge and clinical experience in substance abuse disorders. They must also complete qualification training courses and fulfill obligations for continuing education courses. They serve as independent, impartial gatekeepers to the accuracy and integrity of the DOT drug testing program. All laboratory results are sent to an MRO for verification before an employer is informed of the result. As a safeguard to quality and accuracy, the MRO reviews each test and rules out any other legitimate medical explanation before verifying the results as positive, adulterated or substituted.

How is an alcohol test administered?

The DOT performs alcohol testing in a manner to ensure the validity of the testing as well as provide confidentiality of the employee’s testing information.

At the start of the test, a Screening Test Technician (STT) or a Breath Alcohol Technician (BAT), using only a DOT approved device, will:

- Establish a private testing area to prevent unauthorized people from hearing or seeing your test result
- Require you to sign Step #2 of the Alcohol Testing Form (ATF)
- Perform a screening test and show you the test result. If the screening test result is an alcohol concentration of less than 0.02, no further testing is authorized. The technician will document the result on the ATF, provide you a copy and provide your employer a copy

If the screening test result is 0.02 or greater, you will be required to take a confirmation test, which can only be administered by a BAT using an Evidential Breath Testing (EBT) device. The BAT will:

- Wait at least 15 minutes, but not more than 30 minutes, before conducting the confirmation test. (Confirmation test results constitute the final outcome of the test.) During that time, you are not allowed to eat, drink, smoke, belch, put anything in your mouth or leave the testing area

Remember: Leaving the testing area without authorization may be considered a refusal to test.

- Perform an “air blank” (which must read 0.00) on the EBT device to ensure that there is no residual alcohol in the EBT or in the air around it
- Perform a confirmation test using a new mouthpiece
- Display the test result to you on the EBT and on the printout from the EBT

- Document the confirmation test result on the ATF, provide you a copy and provide your employer a copy
- Report any result of 0.02 or greater immediately to the employer

If, after several attempts, you are unable to provide an adequate amount of breath, the testing will be stopped. You will be instructed to take a medical evaluation to determine if there is an acceptable medical reason for not providing a sample. If it is determined that there is no legitimate physiological or psychological reason, the test will be treated as a refusal to test.

Are test results confidential?

Test results are confidential – subject to certain exceptions: The City or individuals or entities defined as service agents (e.g. testing laboratory, MRO or SAP) may not disclose test results to outside parties without your written consent. Test information may be released (without your consent) in certain situations, such as legal proceedings, grievances or administrative proceedings brought by you or on your behalf, which resulted from a positive test or refusal to test. When the City releases such information, it must notify affected employees in writing of any information released.

What conduct is prohibited?

Alcohol

1. Using, possessing, distributing or selling alcohol while at work, in City vehicles or while on City business
2. Reporting for work or remaining on duty while having an alcohol concentration of .02 or greater
3. Working within four hours after consuming alcohol
4. Using alcohol within eight (8) hours following an accident, or until undergoing a post-accident alcohol test, whichever occurs first
5. Refusing to submit to a required alcohol test

Drugs

1. Using, possessing, distributing or selling illegal drugs or misusing legally prescribed drugs while at work, in City vehicles or while on City business
2. Using prescription or nonprescription medication before reporting to work or while at work unless a physician has advised the CDL employee that the medication will not adversely affect the employee's ability to operate safely a commercial motor vehicle
3. Reporting for work or remaining on duty if the employee tests positive for drugs
4. Refusing to submit to a required drug test

What is considered a refusal to test?

Refusing to submit to a drug or alcohol test means:

- Refusing a directive to take a required test
- An inability to provide a urine specimen or breath sample without a valid medical reason (confirmed by a physician)
- Tampering, adulterating, or substituting a specimen or any other attempt to defeat or obstruct a drug or alcohol test

- Delaying arrival at the designated collection site
- Leaving the collection site before the drug or alcohol testing process is complete
- Failing to permit an observed or monitored collection when required
- Failing to take a second test when required
- Failing to undergo a medical evaluation when required
- Failing to cooperate with any part of the testing process
- Failing to sign Step 2 of the alcohol test form
- Leaving the scene of an accident without cause before submitting to a drug or alcohol test

What are the consequences of violating the City CDL policy?

The consequences vary depending on the type of violation. The consequences for testing positive for drugs, positive for alcohol at 0.04 or greater, or for refusing a test include:

- A supervisor will remove you immediately from DOT-regulated safety-sensitive functions.
- If you are not discharged, you will not be permitted to return to performing DOT-regulated safety-sensitive duties until you have:
 - Undergone an evaluation by a Substance Abuse Professional (SAP).
 - Successfully completed any education, counseling or treatment prescribed by the SAP prior to returning to service.
 - Provided a negative test result for drugs and a breath test less than 0.02 of alcohol. (Return to duty testing).
- Upon return to a safety-sensitive job, you will be subject to unannounced follow-up testing for drugs and/or alcohol no less than 6 times during the first 12 months following your return to work (excluding breaks in service). You may be subject to unannounced follow-up tests for up to 60 months (as prescribed by the SAP).

CDL employees who test positive for alcohol between .02 and .039 shall be removed immediately from duty, driven home and placed on unpaid leave. Those CDL employees may not return to work for 24 hours after the alcohol test.

In addition to the foregoing, CDL employees may be subject to the following disciplinary consequences:

- CDL employees who refuse a directive to take a required drug or alcohol test shall be discharged.
- CDL employees who tamper with or use any other method to defeat or attempt to obstruct the testing process shall be discharged.
- CDL employees who test positive for drugs or for alcohol at .02 or above on the Return to Duty test shall be discharged.

CDL employees shall be subject to discipline, up to and including discharge, for:

- Using, possessing, distributing or selling illegal drugs or alcohol while at work, in City vehicles or on City business;

- Misusing legally prescribed drugs while at work, in City vehicles or on City business;
- Reporting for work or remaining on duty if the employee tests positive for drugs or while having an alcohol concentration of .02 or above;
- Working within four hours after consuming alcohol;
- Using alcohol within eight (8) hours following an accident, or until undergoing a post-accident alcohol test, whichever occurs first;
- Using prescription or nonprescription medication unless a physician has advised the CDL employee that the medication will not adversely affect the employee's ability to safely operate a commercial motor vehicle;
- Failing to report prescription or non-prescription medication that could impair CDL employees' ability to do their jobs;
- Engaging in other conduct that constitutes refusing to submit to a required alcohol test;
- Failing to comply with the referral, evaluation or treatment process.

An employee will not be allowed to return to work in a regulated safety-sensitive capacity following a drug or alcohol test until the employee has a Return to Duty alcohol test with a result indicating an alcohol concentration of less than 0.02 or a Return to Duty drug test with a verified negative result.

Transfer, Promotion, or Working out of Class in CDL Positions

Employees who seek a transfer, promotion, or working out of class assignment in a position that requires a CDL must first pass a pre-employment test.

Assignments and/or promotions of employees to positions requiring a CDL will be made contingent upon testing results. An employee who tests positive or who refuses to take required drug and alcohol tests will not be appointed and will be removed from further consideration for permanent, temporary or working-out-of-classification assignments within the classification for which the assignment or promotion was sought for a period of no less than twelve (12) months. Disciplinary action may also result.

What are Substance Abuse Professionals?

SAPs play a critical role in the work place testing program by professionally evaluating employees who have violated DOT drug & alcohol rules. SAPs recommend appropriate education, treatment, follow-up tests, and aftercare. They are the gatekeepers to the re-entry program by determining when safety-sensitive employees can be returned to duty.

SAPs are required to have a certain background and credentials, which include clinical experience in diagnosis and treatment of substance abuse-related disorders. They must also complete qualification training and fulfill obligations for continuing education courses. While SAPs do make recommendations to the employer about an employee's readiness to perform safety-sensitive duties, SAPs are neither an advocate for the employee nor the employer, and they make return-to-duty recommendations according to their professional and ethical standards as well as DOT's regulations.

What are some of the effects of drugs and alcohol?²

² The following information is from Chapter 4 of the FMCSA Federal Alcohol and Drug Testing Requirements Brochure.

Alcohol Fact Sheet

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Blood Alcohol Concentration	Behavioral Effects
0.02-0.09%	Loss of muscular coordination, impaired senses, changes in mood and personality
0.10-0.19%	Marked mental impairment, further loss of coordination, prolonged reaction time
0.30-0.39%	Hypothermia, blackouts, anesthesia
0.40-0.70%	Coma, respiratory failure, death

Detection Time: The detection time for alcohol depends upon the maximum level of blood alcohol content (BAC) achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) requires employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)

Dependency Level: The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

Physical Symptoms: Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.

Behavioral Symptoms: Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.

Effects of Alcohol on the Individual

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.
- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.
- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension and strokes.
- Alcohol depresses immune system functioning and increases the likelihood of infection.
- There is considerable evidence that alcohol abuse is associated with cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.
- Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations and peripheral neuropathy.

Other Health Effects

In addition to having direct health effects through physiological changes in the drinker's body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:

- One-half of all traffic accident fatalities are alcohol related.
- The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.
- Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20-80 percent. A BAC between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by a factor of 10, and above 0.16 percent it increases by a factor of 60.
- Research indicates over 60 percent of those dying in nonvehicular fires (fourth leading cause of accident death in the United States) have BACs over 0.10 percent.
- Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time of their deaths.
- Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.
- Alcohol also plays a significant role in crime and family violence, including spousal and child abuse.

Effects on Driver Performance

The statistics reported above 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.

Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

Detection Time: 1 to 2 days after use.

Dependency Level: Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

Physical Symptoms: Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).

Behavioral Symptoms: Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power, “amphetamine psychosis” which might result from extended use (see health effects).

Effects of Amphetamine Use on the Individual

Physical Health Effects

- Regular use produces strong psychological dependence and increasing tolerance to drug.
- High doses may cause toxic psychosis resembling schizophrenia.
- Abuse may induce a heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.
- Long-term heavy use can lead to malnutrition, skin disorders, ulcers and various diseases that come from vitamin deficiencies.
- Lack of sleep, weight loss and depression also result from regular use.
- Users who inject drugs intravenously can get serious and life-threatening infections (e.g., lung or heart disease, kidney damage) from nonsterile equipment or contaminated self-prepared solutions.

Effects on Mental Performance

- Anxiety, restlessness
- Moodiness
- False sense of power

Large doses over long periods can result in:

- Hallucinations
- Delusions
- Paranoia
- Brain damage

Effects on Driver Performance

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 equipment or vehicles dangerous.

Workplace Issues

- Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.
- Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Detection Time: Up to 2 to 3 days after last use.

Dependency Level: Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate “reverse tolerance,” in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

Physical Symptoms: Dilated pupils, running or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyperexcitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).

Behavioral Symptoms: Increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences, wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

Effects of Cocaine Use on the Individual

Physical Health Effects

- Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson’s disease could also occur.
- Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.
- Strong psychological dependency can occur with one “hit” of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug.
- Treatment success rates are lower than those of other chemical dependencies.
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths in the United States has tripled in the last four years.

Effects on Mental Performance

- Paranoia and hallucinations
- Hyper excitability and overreaction to stimulus
- Difficulty in concentration
- Wide mood swings
- Withdrawal leads to depression and disorientation

Effects on Driver Performance

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.

The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

Cannabinoids (Marijuana) Fact Sheet

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.

Detection Time: Traces of marijuana will remain in the urine of an occasional user for up to 1 week and, in the case of a chronic user, for 3 to 4 weeks.

Dependency Level: Evidence indicates moderate psychological dependence.

Physical Symptoms: Reddened eyes (often masked by eye drops); stained fingertips from holding “joints,” particularly for nonsmokers; chronic fatigue; irritating cough, chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.

Behavioral Symptoms: Impaired memory, time-space distortions, feeling of euphoria, panic reactions, paranoia, “I don’t care” attitude, false sense of power.

Effects of Marijuana Use on the Individual

General Health Effects

- When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.
- One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana smoking lowers the body’s immune system response, making users more susceptible to infection. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

Pregnancy Problems and Birth Defects

- The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a

decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.

- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.
- In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs and liver, and water on the brain and spine.
- Offspring of test animals that were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
- One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.
- Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

Mental Function

Regular use can cause the following effects:

- Delayed decision-making
- Diminished concentration
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery
- Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements
- Erratic cognitive function
- Distortions in time estimation
- Long-term negative effects on mental function known as “acute brain syndrome,” which are characterized by disorders in memory, cognitive function, sleep patterns and physical condition

Effects on Driver Performance

The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

Workplace Issues

- The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.
- A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.
- Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of *both* the depressant and marijuana.

Opiates (Narcotics) Fact Sheet

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

Detection Time: Usually up to 2 days.

Dependency Level: Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

Physical Symptoms: Constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or “tracks,” wearing long sleeves to cover “tracks,” loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.

Behavioral Symptoms: Mood swings, impaired coordination, depression and apathy, stupor, euphoria.

Effects of Narcotics Use on the Individual

- IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.
- Narcotics’ effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

Effects on Mental Performance

- Depression and apathy
- Wide mood swings
- Slowed movement and reflexes

In addition, the high physical and psychological dependence level of opiates compounds the impaired functioning.

Effects on Driver Performance

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.

Workplace Issues

- Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.
- Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP) Fact Sheet

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition and muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a “freak-out” in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

Detection Time: Up to 8 days.

Dependency Level: Psychological dependence on PCP is known to be high. Physical dependence is unknown.

Physical Symptoms: Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.

Behavioral Symptoms: Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

Health Effects

- The potential for accidents and overdoses is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP combined with other depressant drugs, including alcohol, increases the likelihood of an overdose.
- Misdiagnosing the hallucinations as LSD-induced, and then treating with Thorazine, can cause a fatal reaction.
- Use can cause irreversible memory loss, personality changes, and thought disorders.
- There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions and coma. Distortions of size, shape and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

Effects on Mental Performance

- Irreversible memory loss
- Personality changes
- Thought disorders
- Hallucinations

Effects on Driver Performance

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.

Workplace Issues

PCP abuse is less common today than in the recent past. It is not generally used in a workplace setting because of the severe disorientation that occurs.

What resources are available?

There are many resources available for information and/or help about substance abuse, intervention and treatment. Some of these resources are included here:

- Employee Assistance Program: 1-800-538-2304 or <http://www.liveandworkwell.com/> (access code: "portland")
- Addiction and Mental Health Division Resource Center: 1-800-822-6772, 500 Summer Street, Salem, OR 97301
- Oregon Council on Alcoholism and Drug Addiction: 1-800-621-1646 Alcohol and Drug Help Line

Consult your family doctor, clergy, union and/or peers for other sources of information about intervention, treatment and support.

CERTIFICATE OF RECEIPT

By signing below, I am certifying that I have received and read the information packet entitled "CITY OF PORTLAND CDL DRIVER EDUCATION MATERIALS, revised March 30, 2009."

Employee's Name (Print)

Bureau Name

Employee's Signature

Date