

Agency Name: _____

**New Employee Checklist
Drug and Alcohol Employee File (FTA/ODOT)**

Employee Name: _____

Date	Description
	Date of Hire
	Date pre-employment drug test taken
	Date negative pre-employment drug test notification received (form must be placed in employee drug/alcohol file)
	Date of the first time safety-sensitive function was performed
	Date drug and alcohol policy acknowledgement form signed (form must be placed in employee drug/alcohol file)
	Date employee assistance program acknowledgement form signed (Form must be placed in employee drug/alcohol file)
	Date of employee's 60 minute training on the effects and consequences of prohibited drug use on personal health, safety and the work environment
	Date if employee is required to have the 60 minute reasonable suspicion for drugs training (This is only required for supervisors, managers or DERs)
	Date if employee is required to have the 60 minute reasonable suspicion for alcohol training (This is only required for supervisors, managers or DERs)
	Release of information to previous employers regarding drug/alcohol testing that was performed
	<u>Other items that must be in each employee's drug/alcohol file-Please make a check mark if all items are in the files</u>
	All random drug/alcohol control form
	All random drug/alcohol result verification
	Any additional training employee attends which directly relates to the safety-sensitive duties they perform
	Employee's position
	Documentation regarding any accidents, this includes steps taken to deciding why an alcohol/drug test is or is not needed
	Documentation as to reasonable suspicion if determined there is reasonable suspicion requiring drug/alcohol testing. This should include what signs are being noticed and the referral to EAP or the Substance Abuse Professional
	Any documentation for that employee from the Substance Abuse Professional

