

HAVE YOU HAD YOUR SUPERVISORS TRAINED YET?

IT IS REQUIRED UNDER DOT-FMCSA 49 CFR PART 382

According to §382.603 Training for Supervisors - Every employer shall ensure that persons designated to determine whether reasonable suspicion exists. In order to require a driver to undergo testing under §382.603, they must receive at least 60 minutes of training on alcohol misuse and 60 minutes of training on controlled substance use. The training shall cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and use of controlled substances.

AADT SUPERVISOR TRAINING KIT

AADT offers a five part training program, where you will learn:



(DVD not included)

- The effect of drug and alcohol abuse in the workplace.
- Job performance behaviors that indicate the possible influence of drugs or alcohol.
- How to use constructive confrontation to address performance issues when drug or alcohol use is suspected.
- Details about drug and alcohol testing procedures.
- How to handle employee defense tactics, which are designed to deter you from initiating testing or disciplinary measures.

Upon completion of the training and passing our required quiz, the trainee will receive a certificate and will be authorized to initiate "Reasonable Suspicion" testing as defined in §382.307.

All Kits Include: USB Flash Drive, 2 Leader Guides and a Program Quiz

TO ORDER - COMPLETE AND RETURN THIS FORM TO:
 American Alliance Drug Testing • 334 N. Euclid Avenue • Upland, CA 91786-6031 or
Fax: 909-608-2058 / Email: cs@aadrugtesting.com

COMPANY INFORMATION

Company Name _____ ID# _____ (AADT CLIENTS ONLY)

Contact Name _____ Phone (_____) _____

Address _____ City _____

State _____ Zip _____ (SUPERVISOR KITS ARE SHIPPED VIA UPS TO PHYSICAL ADDRESS AND PRIORITY MAIL TO P.O. BOX NUMBERS)

ORDER INFORMATION

USB Flash Drive Kit (AADT Clients Only) \$99.00 X _____ = \$ _____

USB Flash Drive Kit (Non-client Price)..... \$120.00 X _____ = \$ _____

Additional Quiz & Certificate Kits..... \$20.00 X _____ = \$ _____

*AADT reserves the right to modify prices, service and programs without notice.

***Note: All sales are final, no refunds.**

Total \$ _____

PAYMENT

MasterCard Visa American Express Discover Cash Check / Money Order # _____
(MAKE CHECKS OR MONEY ORDERS PAYABLE TO AADT)

Card No. _____ - _____ - _____ - _____ Exp.Date _____ / _____
 Note: All NSF check returns will be subject to the service charge stated on the current AADT Price List & Consortium Agreement.

Card Holder Name _____
(Print name as it appears on credit card)

Signature **X** _____ Date _____
(With my signature I am authorizing AADT to charge my credit card for the total fees due)