

## **DIPIETRO EXCAVATING, INC**

### **ACKNOWLEDGEMENT OF RECEIPT OF ALCOHOL/DRUG-FREE SAFETY POLICY**

By signing this form, I acknowledge that I have received a copy of DiPietro Excavating's Alcohol/Drug-Free Safety Policy, have had the opportunity to discuss the Policy and have had pertinent questions answered, and understand all the provisions in the Policy. Although the Policy received reflects the Company's current Policy regarding substance use, I understand that it may be necessary to make changes from time to time to best serve the needs of the organization. However, any changes deemed necessary will be made in writing, and the modified Policy will be shared with the employees.

By my signature below, I acknowledge that it is my obligation to read, understand, and comply with the procedures and provisions contained within this Policy or otherwise communicated to me regarding such matters.

Employee Signature \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**DIPIETRO EXCAVATING, INC**  
**EMPLOYEE UNDERSTANDING, AUTHORIZATION &**  
**CONSENT REGARDING ALCOHOL AND DRUG POLICY**

By signing below, I hereby agree to the following:

I hereby consent to submit to drug testing and/or alcohol testing, to determine if I have violated any Federal or State regulations or any or DiPietro Excavating's Policy regarding the use or abuse of alcohol, illegal drugs or controlled substances (including the misuse of legal substances).

I understand that the refusal to submit to, or interference with, such testing, or providing false information in connection with such testing, will be grounds for termination of employment with DiPietro Excavating. I further understand that this testing is being conducted pursuant to DiPietro Excavating's Alcohol / Drug-Free Safety Policy.

I authorize the release of all test results obtained during substance testing procedure(s) to DiPietro Excavating and its designated Medical Review Officer and Substance Abuse Professional(s).

I hereby and herewith release DiPietro Excavating, its employees, agents and contractors from any and all liability whatsoever arising from the request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

This Policy has been explained to me, and I have had an opportunity to ask questions, to receive any requested further information, about such Policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name