



Training Attestation: Effects and Consequences of Prohibited Drug Use

60 Minute Awareness Video

Name: _____

This is a self-study module.

By signing this attestation, I confirm that I have viewed the video listed below, in compliance with 49 CFR 655.14 (b)(1)

<https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/DrugAwarenessVideo/Default.aspx>

Employee Signature _____

Date _____