



**ACKNOWLEDGMENT OF RECEIPT OF
CLARK COUNTY FIRE & RESCUE
SUBSTANCE ABUSE POLICY**

I acknowledge that I received a copy of Clark County Fire & Rescue Substance Abuse Policy. I have been provided with information concerning the impact of the use of alcohol and drugs on job performance.

In addition, I have been informed as how the tests are conducted, what the test can determine and the consequences of testing positive.

Print Name

Signature

Date

Witness

Date

Witness

Date