

**1.36** Acknowledgement of Drug & Alcohol Prevention Program

I, the undersigned employee of **Nevada Railroad Materials Inc.** acknowledge that I have received, read, and understand this Drug and Alcohol Prevention Program. I have had an opportunity to have any/all aspects of this Policy explained to me. I understand that this Policy is a material term and condition of my employment. Violation of this Policy or any aspect of its procedures may result in my termination. I agree to abide by the contents herein described.

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EMPLOYEE'S SIGNATURE

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DATE

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WITNESS'S SIGNATURE

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DATE

## Reconocimiento del programa de prevención de drogas y alcohol 1.36

Yo como empleado de Nevada Railroad Materials afirmo haber recibido y leído esta póliza del programa de prevención de drogas y alcohol, tuve la oportunidad de que clausulas de esta póliza se me explicase.

Comprendo que los términos y condiciones de mi trabajo, cualquier violación de esta póliza puede determinar mi despido yo coincido entender los términos de esta póliza

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Firma del empleado

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fecha

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Firma del testigo

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fecha