

DRUG AND ALCOHOL-FREE WORKPLACE POLICY REASONABLE SUSPICION/CAUSE FOR DRUG TESTING

Date/Time of Incident: _____

A. Employee Information:

Employee Name & Badge No.: _____

Date of Birth: _____ SSN No. (last 4): XXX-XX- _____

Position Title: _____ Division/Section: _____

Observing Supervisor/Position Title: _____

Division Manager: _____

Instructions: This form is to be completed whenever reasonable suspicion/cause occurs. The immediate supervisor shall note any/all pertinent behaviors and physical signs/symptoms that led the supervisor to reasonably believe the employee has recently used or is under the influence of alcohol and/or prohibited drug substances. The supervisor shall complete each applicable section of this form and attach any/all pertinent documents as required. This form and supporting documents must be submitted to the Personnel Administrator or designee and Legal Counsel for review and prior to obtaining final approval by the General Manager.

B. Reasonable Suspicion/Cause Questions:

Question	Yes	No
1. Does the employee have a history of documented performance related concerns? If yes, attach documentation.		
2. Has there been any discussion(s) with the employee regarding reasonable suspicion/cause for drug testing? If yes, attach documentation.		
3. Has the employee been referred for special medical examination? If yes, include date.		
4. Has the employee notified the department that he/she has been arrested, charges, indicted or convicted for a drug-related offense? If yes, attach a copy of the notification of arrest, criminal charges or newspaper clipping(s).		
5. Was this reasonable suspicion/cause as a result of a search of the employee's locker, desk and/or area of assignment?		
6. Was there a positive reaction from a narcotic detection canine to the employee's property?		

C. Reasonable Suspicion/Cause Observations:

- Observed/reported possession or use of a controlled substance.
- Observed/reported possession or consumption of alcohol while on the job.
- Observed/reporting to work under the influence of alcohol as outlined in the Drug and Alcohol-Free Workplace Policy.
- Observed abnormal or erratic behavior.
- Arrested, charged, indicted or convicted for a drug and/or alcohol related offense.
- A positive reaction from a narcotic detection canine to an employee's property
- * Other (e.g., direct violation of safety regulations, serious fighting or argumentative/abusive language, refusal of supervisor instructions, unauthorized absence on the job, detailed explanation required)

*Detailed explanation of other behavior(s) (attach additional sheets as necessary):

D. Abnormal Behaviors:

- Verbal abusiveness Physical abusiveness Extreme aggressiveness or agitation
- Withdrawal, Depression, Mood Changes or Unresponsiveness
- Inappropriate verbal response to questioning or instructions
- * Other erratic or inappropriate behavior (hallucinations, confusion, etc.)

*Detailed explanation of other behavior(s) (attach additional sheets as necessary):

E. Physical Signs or Symptoms:

- Possessing, dispensing or using controlled substances
- Slurred or incoherent speech
- Dry mouth (frequent swallowing/lip wiping)
- Dilated or constricted pupils or unusual eye movement
- Shaking hands or body tremors/twitching
- Extreme sweating or clamminess to the skin
- Runny nose and/or sores around nostrils
- Nausea o vomiting
- Odor of alcohol
- Odor of marijuana
- Dizziness or fainting
- Bloodshot or watery eyes
- Irregular or difficult breathing
- Flushed or very pale face
- highly excited or nervous
- Puncture marks or "tacks"

*Detailed explanation of other behavior(s) (attach additional sheets as necessary):

F. Written Summary:

Summarize the facts and circumstances of the incident, employee, supervisor actions and any other pertinent information not previously noted on this form. Attach additional sheets as necessary.

G. Employee's Statement (to be completed by Employee):

Summarize the facts and circumstances of the incident, employee, supervisor actions and any other pertinent information not previously noted on this form. Attach additional sheets as necessary.

I acknowledge receipt of this form and have read and understood its contents. Failure to sign this form does not indicate that I will not be subjected to drug and/or alcohol testing.

Print Employee's Name

Employee's Signature and Date

Print Supervisor's Name

Supervisor's Signature and Date

Print Division Manager's Name

Division Manager's Signature and Date

Print Personnel Administrator's Name

Personnel Administrator's Signature and Date

Print Legal Counsel's Name

Legal Counsel's Signature and Date

Print General Manager's Name

General Manager's Signature and Date