

SUPERVISOR'S REPORT OF REASONABLE SUSPICION
-Confidential-

Name: _____ **Date:** _____
Department: _____ **Title:** _____

PROCEDURE

This form is to be completed whenever there is reasonable suspicion that an employee is under the influence of alcohol and/or prohibited drug substance. A supervisor and a Department Director shall note all pertinent behavior and physical signs which led them to believe that the employee is under the influence of alcohol and/or a prohibited drug substance. The Department Director shall contact Human Resources for reasonable suspicion testing authorization. In the event that Human Resources is unavailable, the Department Director shall contact the City Administrator's office. Upon authorization, the employee will be required to undergo drug and/or alcohol testing.

PERSONS OBSERVING BEHAVIOR (At least one Department Director required.)

Name/Title: _____
Name/Title: _____
Date of Observation: _____ **Time:** _____
Location: _____

Circumstances which existed to warrant the testing for reasonable suspicion were as follows:	Yes	No
Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working, while on the employer's premises, or while operating the employer's vehicle, machinery, or equipment.		
Observable phenomena while at work, such as direct observation of drug use or the physical symptoms or manifestations of being under the influence of a drug or alcohol.		
Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.		

WRITTEN SUMMARY

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

OBSERVATIONS (Both observers INITIAL their observations below.)**ABILITY TO WALK**

☐ Normal ☐ Falling ☐ Grasping for Support ☐ Moved in Circles
☐ On Hands and Knees ☐ Staggering ☐ Swaying
☐ Unable to Walk

APPEARANCE

☐ Normal ☐ Disheveled ☐ Dirty ☐ Odor

ACTIONS

☐ Crying ☐ Profanity ☐ Punching ☐ Resisting ☐ Sleepy ☐ Threatening

ABILITY TO STAND

☐ Normal ☐ Need Support ☐ Rigid ☐ Sagging Knees ☐ Swaying
☐ Unable to Stand

EYES

☐ Normal ☐ Constricted ☐ Contacts/Glasses ☐ Dilated ☐ Droopy Lids
☐ Bloodshot ☐ Watery

FACE

☐ Flushed ☐ Pale

MOVEMENT OF HANDS

☐ Trembling ☐ Uncoordinated

BREATHING

☐ Normal ☐ Deep ☐ Gasping ☐ Laboring ☐ Rapid ☐ Shallow
☐ Slow

SPEECH

☐ Normal ☐ Abusive ☐ Boisterous ☐ Confused ☐ Crying ☐ Hoarse
☐ Incoherent ☐ Rambling ☐ Rapid ☐ Shouting ☐ Silent ☐ Slobbering
☐ Slow ☐ Slurred ☐ Stuttering ☐ Whispering

OROR OF ALCOHOL/DRUG

☐ Yes ☐ No

OTHER:

SIGNATURES

Supervisor: Based on my observations noted on this checklist, I **recommend/ do not recommend** that an alcohol/drug test be administered.

Supervisor Signature: _____ Date: _____

Department Director: Based on my observations noted on this checklist, I **recommend/ do not recommend** that an alcohol/drug test be administered.

Department Director: _____ Date: _____

Contact the Human Resources Department immediately after completion of this checklist to proceed.

HUMAN RESOURCES DIRECTOR (OR DESIGNEE) ACTION

Employee underwent: __ alcohol test __ drug test

Date: _____ Time: _____

Location: _____

Employee *refused* testing: __ Yes __ No

Comments:

Human Resources Director (or designee)

Date