**Reasonable Suspicion Checklist**

[Your agency Logo here]

**Behavior/Incident Documentation Form**

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| --- | --- |
| Employee Name: | Employee ID: |
| Division/Work Location: | |
| Location of incident: | |
| Date of observation | Time: |
| Observed by: | Length of observation: |
| Witnesses: | |

Actions/behaviors observed:

Walking:  Unsteady  Stumbling  Unable to walk

Falling  Staggering  Swaying

Other

Standing:  Swaying  Unable to stand

Staggering  Slow

Other

Speech:  Slurred  Slow  Shouting

Incoherent  Slobbering  Talkative

Other

Appearance:  Neat  Messy  Dirty

Stained/soiled clothes

Other

Breath/Body odor: ☐Faint Alcohol odor ☐ Strong alcohol odor

☐ Sweet pungent tobacco odor

☐ Attempt to mask any of above odors with heavy breath spray

☐ Other

**Description of Behavior/ Incident**

(Be sure to list any performance indicators (such as decreased mental sharpness, etc.), behavioral indicators (such as being hostile, drowsy, erratic, sleepy, etc.) or physical indicators (dilated pupils, flushed face, chills, etc.) that support reasonable suspicion of unlawful alcohol/substance abuse:

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**(For DOT Covered Employees)** The “suspicious behavior” was observed:

Within the 4 hour period before the employee was to perform a safety-sensitive/federally-regulated function

During the time the employee was performing a safety-sensitive/federally-regulated function

Immediately after the employee performed a safety-sensitive/federally-regulated function

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred for:** Alcohol test Drug test Both

**Employee:** Agreed to go test Refused to go test

**Means of transportation to collection site[[1]](#footnote-1):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Collection site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Collection site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that I have been referred for reasonable suspicion drug and/or alcohol test and must report for the test immediately. I understand that the failure to complete the drug/alcohol testing process will result in my termination from employment.*

**Signature of Employee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did employee leave the workplace on their own? \_\_\_\_\_ If yes, circumstances:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were local authorities called? \_\_\_\_\_\_ Name of authority notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\***  Always involve your Human Resources Office for assistance.

**Directive for Substance Abuse Testing**

[Agency Logo]

**To:** (Name of Employee) Report by Time & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From:** (HR Contact) Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report To:** (Collection Site name, address and telephone number)

**Instructions – Donor in Office**

1. Report to the designated testing location by the time and date listed above. Take this from, the attached Chain of Custody Form (CCF) and a photo ID.
2. Return the blue (“Employer”) copy of the CCF to the HR office from which it was obtained.
3. Keep the green (“Donor”) copy of the CCF for your records.

**Instructions – Donor Receive CCF Electronically**

1. If receiving this Chain of Custody Form by email, you may print a copy of your Chain of Custody Form to take with you to the designated collection site with your photo ID. However, the collection site will already have a copy on file.

**You are advised that if:**

1. you expressly decline to submit to alcohol or other drug testing;
2. you fail to appear at the testing location by the specified time;
3. you engage in conduct that clearly obstructs the testing process;
4. you fail to provide adequate urine for testing (45 ml.) and/or breath for alcohol testing without an acceptable medical reason.
5. you leave the testing site before providing an adequate sample in the allotted time (up to 3 hours if necessary);
6. the temperature of your specimen is outside the acceptable range;
7. the laboratory and/or the MRO determine that your sample has been adulterated or substituted , or
8. the testing indicates use of an illegal drug(s) without a legitimate medical explanation.

This will be considered a Refusal and the actions described below will be taken:

Your employment will be terminated and you will be ineligible for employment by any State entity

for two years.

I certify that I have read and understand the information contained in this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

[ ] The information in this directive was provided Virtually/Orally on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasonable Suspicion Checklist**

[ ] The employee has refused to sign the Reasonable Suspicion Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Personnel Date

Human Resources Personnel, please contact the HRA – Policy Unit for additional questions.

For Consultation, call:

Gail Stowers

Department of Administrative Services

HRA – Policy & Compliance

404-463-7060

1. Note: when a reasonable suspicion determination has been made, an employee should be transported to a collection site. When/If a decision is made to do otherwise, please consult with your HR Office. [↑](#footnote-ref-1)