

POLICY

Drug-free Workplace: Supervisor's Report of Reasonable Suspicion

Location:
Effective Date:
Revision Number: X

Employee Name:

Department:

Location:

Date of Observation:

Time:

Observations (check all that apply)

Behavior

- Stumbling, unsteady gait
- Drowsy, lethargic
- Agitated, anxious, restless
- Hostile, belligerent
- Irritable, moody
- Depressed, withdrawn
- Unresponsive, distracted
- Clumsy, uncoordinated

- Tremors, shakes

- Suspicious, paranoid
- Hyperactive, fidgety
- Inappropriate, uninhibited behavior
- Possessing, dispensing or using controlled substances or alcohol

Appearance

- Flushed complexion
- Excessive sweating
- Cold, clammy sweats
- Unkempt grooming
- Disheveled clothing
- Eyes:
 - Bloodshot
 - Tearing, watery

 - Dilated pupils
 - Constricted pupils
 - Unfocused, blank stare

Speech

- Slurred, thick
- Incoherent
- Exaggerated enunciation
- Loud, boisterous
- Rapid, pressured
- Excessively talkative
- Nonsensical, silly
- Cursing, verbal abusiveness
- Inappropriate verbal response to questions or instructions

Body Odors

- Marijuana
- Alcohol

Test Determination

- Reasonable Suspicion Alcohol Breath Test
- Reasonable Suspicion Drug Urine Test
- No Test Required
- Employee Refused Test
- No Test Conducted (explain):

Summary (note circumstances, employee response, other observations)

Supervisor Name

Signature

Date

Witness Name

Signature

Date