

Reasonable Suspicion Testing Form

The following checklist should be completed when a manager or supervisor suspect's drug or alcohol use based on his or her observations of an employee's aberrant behavior. Other supervisors who witnessed these signs and symptoms of aberrant behavior should also sign this checklist. This checklist is to be used exclusively for the purposes of determining if an employee should be required to submit to reasonable suspicion testing. **No other use of this checklist is authorized by the County.**

Employee's Name: _____ Department: _____

Job Title: _____ Supervisor: _____

Location of Incident: _____ Date: _____ Time Observed: _____

Observations (Please check all that apply, and include descriptions of any changes in behavior.)

Appearance:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Cleanliness Issue | <input type="checkbox"/> Tremors/Twitches | <input type="checkbox"/> Flushed or Pale | <input type="checkbox"/> Disheveled |
| <input type="checkbox"/> Sores/Puncture Marks | <input type="checkbox"/> Heavy Eyelids | <input type="checkbox"/> Bloodshot Eyes | <input type="checkbox"/> Dilated Pupils |
| <input type="checkbox"/> Excessive Sweating | <input type="checkbox"/> Other (Explain Below) | | |

Description/Notes: _____

Aberrant Behavior/Demeanor:

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Erratic | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Verbally/Physically Abusive | <input type="checkbox"/> Highly Excited |
| <input type="checkbox"/> Confusion/Inattentive | <input type="checkbox"/> Combative | <input type="checkbox"/> Fatigue/Sleeping/Drowsiness | <input type="checkbox"/> Other (explain below) |

Description/Notes: _____

Motor Skills:

- | | | | |
|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling | <input type="checkbox"/> Unbalanced | <input type="checkbox"/> Fidgety |
| <input type="checkbox"/> Stumbling | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Lack of Coordinator | <input type="checkbox"/> Other (explain below) |

Description/Notes: _____

Speech:

- | | | | |
|--------------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred | <input type="checkbox"/> Loud | <input type="checkbox"/> Talking Excessively |
| <input type="checkbox"/> Exaggerated | <input type="checkbox"/> Other (explain below) | | |

Description/Notes: _____

Odor:

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Smell of Alcohol | <input type="checkbox"/> Smell of Marijuana | <input type="checkbox"/> Excessive Cologne | <input type="checkbox"/> Body Odor |
| <input type="checkbox"/> Other (explain below) | | | |

Description/Notes: _____

Disregard for Safety:

- Negligence or Carelessness in Operating, Monitoring, or Maintaining a Production or Manufacturing Process
- Negligence or Carelessness in Operating, Monitoring, or Maintaining Equipment or Machinery
- Other (explain below)

Description/Notes: _____

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Involvement in an Accident Resulting in:

Property Damage Disruption to a Production or Manufacturing Process Injury Other (explain below)

Description/Notes: _____

To the best of my knowledge and belief, this report represents the employee's signs and symptoms of aberrant behavior which have been witnessed by me and upon which I base my decision to require said employee to submit to a reasonable suspicion drug test:

The above signs and symptoms of aberrant behavior have been witnessed by:

Supervisor/County Official

Date

Supervisor/County Official

Date

Test Conducted: Yes No

Comments: _____

