

**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:** \_\_\_\_\_

<b>Circumstances which existed to warrant the testing for reasonable suspicion were as follows:</b>	<b>Yes</b>	<b>No</b>
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.

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**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