



**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 Manager'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 significant deterioration of 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  Slow  Deep  Gasping  Laboring  Rapid  Shallow

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

ODOR OF ALCOHOL/DRUG  Yes  No

OTHER: \_\_\_\_\_

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**SIGNATURES**

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**Supervisor:** Based on my observations noted on this checklist, I **recommend/do not recommend** (*circle one*) 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** (*circle one*) 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_