

Steps to Take for “Good Faith” Suspicion

If you suspect an employee is impaired or under the influence of drugs or alcohol at work, the following is a list of steps that should be taken.

1. If possible, get an additional witness to the behaviors.
(Notify Human Resource and/or Supervisor)
2. Complete an impairment checklist
3. Discuss with the employee that you suspect they are under the influence and identify the impairments that you have documented.
4. Document any response that the employee has and obtain signature by the employee on that documentation. Date it!
5. Accompany the employee to be tested. (Employee should be in your line of site until testing is performed)
6. If positive, follow your policy

REASONABLE SUSPICION TESTING CHECKLIST

Employee Name (Print): _____ Date _____

Department _____ Employee # _____ Time _____

Supervisor/Manager (Print): _____ Date _____

Witness (Print): _____ Date _____

The following checklist is completed by the supervisor/manager involved, in the presence of a witness, to help determine whether or not an employee will be tested for current impairment from alcohol/drugs. This section must be completed prior to the interview conducted with the employee. If an employee smells of alcohol, he/she is tested immediately on that basis alone.

Drug abuse must be suspected in order to test. Testing is not conducted on the basis of performance issues only. Check all that apply:

BEHAVIOR

- ☐ Alternate periods of high and low productivity
- ☐ Disappearance from work area
- ☐ Difficulty performing ordinary tasks*
- ☐ More time needed to complete job*
- ☐ Boisterous
- ☐ Difficulty recognizing individuals
- ☐ Easily agitated
- ☐ Erratic and disjointed actions*
- ☐ Sleeping on duty
- ☐ Hostile, crying, talkative
- ☐ Increased errors

OVERALL PHYSICAL

APPEARANCE/CLOTHING

- ☐ Flushed, Red face
- ☐ Lethargic, sleepy
- ☐ Hyperactive*
- ☐ Tense, Unduly nervous*
- ☐ Poor coordination*
- ☐ Drooling
- ☐ Coming to work with a dramatic change in physical appearance

GAIT

ODOR

- ☐ Distinctive odor of intoxicant on breath
- ☐ Distinctive odor on clothing or about person
- ☐ Mints, gum, mouth wash or breath spray

SPEECH

- ☐ Slurred
- ☐ Unusually loud
- ☐ Hesitant
- ☐ Unusually fast
- ☐ Unusually slow
- ☐ Incoherent

EYES

- ☐ Red
- ☐ Watery
- ☐ Heavy eyelids
- ☐ Pupils constricted
- ☐ Pupils dilated

CONFUSION

- ☐ Difficulty in recalling instructions, details, etc.
- ☐ Difficulty in recalling mistakes
- ☐ Difficulty remembering recent events

☐ Unsteady
☐ Deliberate or over-careful
☐ Swaying
☐ Leaning
☐ Stooped

CONTROLLED SUBSTANCE INACCURACY

☐ Incorrect narcotics count

*Please provide specific information to help clarify your observations: _____

Other observations or details:

Signed: _____ Date: _____
Time: _____

Person completing form Title

Witnessed by:

Reasonable Suspicion Testing Checklist and Questions for suspected Substance Abuse must be completed before drug/alcohol testing. Form is filed in employee's file in the department in which it is completed.

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SECOND COPY - SUPERVISOR