



REASONABLE SUSPICION / CAUSE DETERMINATION CHECKLIST (CONFIDENTIAL)



Instructions: This checklist is to be completed whenever an incident or work-related accident has occurred and there is reasonable suspicion/cause that an employee is under the influence of alcohol and/or prohibited drug substance. The employee's supervisor shall note all pertinent behavior and physical signs or symptoms that led the supervisor to reasonably believe that the employee has recently used or is under the influence of alcohol and/or prohibited drug substance. The supervisor shall mark each applicable item on this form and describe any additional facts or circumstances that the supervisor had indicated.

Note: This form and supporting documents must be submitted to the Department of Administration in duplicate.

PART A: EMPLOYEE INFORMATION <i>(To be completed by the Department/Agency EAP Representative)</i>		
Date/Time of Incident or Work-related Accident: _____		
Employee's Name: _____ Social Security Number: _____		
Position Title: _____ Date of Birth: _____		
Department: _____ Section: _____		
Observing Supervisor's Name: _____		
Second Observing Supervisor's Name: _____		
	YES	NO
QUESTIONS		
1) Does the employee have a history of documented performance problems? If yes, attached copy of documentation.		
2) Has there been any discussion with the employee regarding reasonable suspicion/cause testing? If yes, attached documentations?		
3) Has the employee been referred for special Medical Examination? If yes, when?		
4) Has the employee notified the department that he or she has been arrested, charged, indicted or convicted for a drug-related offense? If yes, attached copy of the Notification of an Employee Arrest, Criminal Charges, or Newspaper clippings.		
5) Was there a search of the employee's locker and/or desk?		
6) Was there a positive reaction from a narcotic detection canine to the employee's property?		

Time Limits: A drug test should be administered as soon as practicable following the incident or accident.

- a. **Drug Test:** If a drug test is not administered within 48 hours following the accident or incident, attempts to administer a drug test shall cease. If a drug test is not administered within the 48 hours limit, the supervisor shall document the reasons for delay.



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PART B: REASONABLE SUSPICION OBSERVATIONS *(To be completed by the Department/Agency EAP Representative)*

A. Nature of the accident or incident/cause for suspicion

- Observed/reported possession or use of a controlled substance.
- Observed/reported possession or consumption of alcohol while on the job.
- Observed/reporting to work under the influence of alcohol as outlined in the Drug-Free Workplace Policy.
- Observed abnormal or erratic behavior.
- Arrested, charged, indicted or convicted for a drug-related offense.
- A positive reaction from a narcotic detection canine to an employee's property
- Drug paraphernalia found within employee's possession
- *Other(e.g. flagrant violation of safety regulations, serious fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job, Please explain)

**Please provide detail of other behavior:

B. Abnormal Behavior

- Verbal abusiveness
- Physical abusiveness
- Extreme aggressiveness or agitation
- Withdrawal, depression, mood changes, or unresponsiveness
- Inappropriate verbal response to questioning or instruction
- *Other erratic or inappropriate behavior (hallucinations, confusion, etc.)

**Please provide detail of other behavior:



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B. Physical signs or symptoms

- | | |
|---|--|
| <input type="checkbox"/> Possessing, dispensing, or using controlled substances | <input type="checkbox"/> Odor of alcohol |
| <input type="checkbox"/> Slurred or incoherent speech | <input type="checkbox"/> Odor of marijuana |
| <input type="checkbox"/> Unsteady gait or other loss of physical control; poor coordination | <input type="checkbox"/> Dry mouth (frequent swallowing/lip wetting) |
| <input type="checkbox"/> Dilated or constricted pupils or unusual eye movement | <input type="checkbox"/> Dizziness or fainting |
| <input type="checkbox"/> Bloodshot or watery eyes | <input type="checkbox"/> Shaking hands or body tremors/twitching |
| <input type="checkbox"/> Extreme sweating or clamminess to the skin | <input type="checkbox"/> Irregular or difficult breathing |
| <input type="checkbox"/> Flushed or very pale face | <input type="checkbox"/> Runny nose and/or sores around nostrils |
| <input type="checkbox"/> Highly excited or nervous | <input type="checkbox"/> Inappropriate wearing of sunglasses |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Puncture marks or "tacks" |
| <input type="checkbox"/> *Other | |

**Please provide detail of other behavior:

C. Written Summary

Summarize the facts and circumstances of the accident or incident, employees, supervisor actions, and any other pertinent information not previously noted on this form. Attach additional sheets as needed.



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Instructions: Reasonable Suspicion/Cause Determination Checklist must be completed before your department/agency designated Employee Representative (DER) can coordinate a “Reasonable Suspicion/Cause” test with the Department of Administration. This form must be immediately emailed, faxed or hand carried with supporting documents as soon as practical to the Drug-Free Workplace Coordinator.

Immediate Supervisor’s Signature

Print Supervisor’s Name

Date

Witness #1 Signature (if applicable)

Print Name

Date

Witness #2 Signature (if applicable)

Print Name

Date

Signature of Agency/Department Head

PART C: EMPLOYEE STATEMENT *(To be completed by the Employee)*

C. Written Summary

Summarize the facts and circumstances of the accident or incident, employees, supervisor actions, and any other pertinent information not previously noted on this form. Attached additional sheets as needed.

I acknowledge receipt of this form and have read and understood its contents. Failure to sign this form, does not indicate that I will not be subjected to drug testing.

Employee’s Name

Employee’s Signature

Date



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PART D: (To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)		
Signature of DOA DFWP Coordinator / EAP Administrator	DFWP – EAP STAMP RECEIVED:	
ATTACHMENTS	YES	NO
1) Did the department/agency attach supporting documents?		
2) Was the Reasonable Suspicion Test scheduled?		

***** NOTHING AS FOLLOWS *****



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REASONABLE SUSPICION DETERMINATION KNOWING THE SIGNS

MOODS:

- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Mood changes after lunch or break

ACTIONS

- Withdrawn or improperly talkative
- Spends excessive amount of time on the telephone/cell phone
- Argumentative
- Has exaggerated sense of self-importance
- Displays violent behavior
- Avoids talking with supervisor regarding work issues

ABSENTEEISM

- Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays
- Frequent unreported absences, later explained as “emergencies”
- Unusually high incidence of colds, flues, upset stomach, headaches and body aches
- Frequent use of unscheduled vacation time
- Leaving work more than necessary (e.g., frequent trips to water fountain and bathroom)
- Unexplained disappearances from the job with difficulty in locating employee
- Requesting to leave work early for various reasons

ACCIDENTS

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on and off the job

WORK PATTERNS

- Inconsistency in quality of work
- High and low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work/missing deadlines
- Increased difficulty in handling complex situations

RELATIONSHIP TO OTHERS ON THE JOB

- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Complaints from co-workers
- Borrowing money from fellow employees
- Persistent job transfer request
- Complaints of problems at home such as separation, divorce, child discipline problems