

# REASONABLE SUSPICION DOCUMENTATION FORM

## *Substance Abuse Observation and Testing*

**CONFIDENTIAL**

### INSTRUCTIONS

This form must be completed when an employee exhibits behavior or physical signs that create a reasonable suspicion of substance use. Documentation must be:

- Completed immediately after observation
- Based on objective, observable facts
- Specific and detailed (avoid generalities)
- Reviewed by a second trained supervisor when possible
- Kept strictly confidential

### SECTION 1: BASIC INFORMATION

<b>Employee Name:</b>		<b>Employee ID:</b>	
<b>Department:</b>		<b>Job Title:</b>	
<b>Work Location:</b>		<b>Shift:</b>	
<b>Date of Observation:</b>		<b>Time of Observation:</b>	
<b>Observer Name(s):</b>		<b>Observer Title(s):</b>	

### SECTION 2: CIRCUMSTANCES OF OBSERVATION

Location where employee was observed:

Reason for initial contact/observation:

Was employee operating equipment, vehicle, or machinery?  Yes  No

If yes, describe:

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## SECTION 3: OBSERVABLE PHYSICAL SIGNS AND SYMPTOMS

*Check all that apply and provide specific details:*

### Physical Appearance

- Red, bloodshot, or watery eyes
- Dilated or constricted pupils
- Flushed or pale face
- Excessive sweating or cold/clammy skin
- Tremors or shaking hands
- Disheveled or unkempt appearance
- Other (describe below)

Details:

### Odors

- Odor of alcohol on breath or person
- Odor of marijuana
- Chemical or unusual odor
- Use of masking agents (cologne, mouthwash, air freshener)

Details:

### Speech and Communication

- Slurred speech
- Incoherent or confused speech
- Excessively rapid or slow speech
- Difficulty forming words or thoughts
- Inappropriate or rambling conversation

Details:

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## Motor Skills and Coordination

- Unsteady gait or stumbling
- Loss of balance or swaying
- Difficulty with fine motor tasks
- Unusually slow movements
- Hyperactive or jerky movements

Details:

## SECTION 4: BEHAVIORAL OBSERVATIONS

- Mood swings or emotional instability
- Unusual aggression, hostility, or argumentative behavior
- Excessive talkativeness or silence
- Paranoia, anxiety, or nervousness
- Drowsiness or falling asleep
- Confusion or disorientation
- Memory problems or inability to recall recent events
- Inappropriate laughter or euphoria
- Other behavioral changes from normal

Detailed behavioral observations:

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## SECTION 5: WORK PERFORMANCE ISSUES

- Inability to perform normal job duties
- Unusual errors or mistakes
- Decreased productivity or work quality
- Safety violations or unsafe actions
- Near-miss incidents or accidents
- Failure to follow instructions

Specific work performance concerns:

## SECTION 6: ADDITIONAL EVIDENCE

Were any items found or observed?  Yes  No

- Drug paraphernalia
- Alcohol containers
- Medications not in original container
- Other (describe below)

Description of items:

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Were there witnesses to the behavior?  Yes  No

Witness names and contact information:

## SECTION 7: EMPLOYEE STATEMENT AND RESPONSE

Was the employee given opportunity to explain?  Yes  No

Employee's explanation or statement:

Did employee admit to substance use?  Yes  No  Refused to answer

If yes, details:

## SECTION 8: IMMEDIATE ACTIONS TAKEN

- Employee removed from safety-sensitive duties
- Employee sent for drug/alcohol testing
- Employee sent home (not allowed to drive)

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- Transportation arranged for employee
- Emergency services contacted
- HR/Management notified
- Incident report filed

Additional actions or details:

## SECTION 9: TESTING INFORMATION

Was employee referred for testing?  Yes  No

<b>Testing Facility:</b>	
<b>Date Referred:</b>	<b>Time Referred:</b>
<b>Type of Test:</b> <input type="checkbox"/> Drug Screen <input type="checkbox"/> Alcohol Test <input type="checkbox"/> Both	
<b>Test Collection Time:</b>	

Did employees refuse testing?  Yes  No

If yes, document circumstances:



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## SIGNATURES AND CERTIFICATIONS

*I certify that the information provided in this form is accurate and based on my direct observations. I am trained in reasonable suspicion detection and understand the importance of objective documentation.*

<b>Primary Observer Signature</b>	<b>Date</b>

<b>Second Observer (if applicable) Signature</b>	<b>Date</b>

<b>HR Representative / Manager Signature</b>	<b>Date</b>

### IMPORTANT REMINDERS:

- This form must be completed and submitted to HR within 24 hours
- Maintain strict confidentiality - share only on a need-to-know basis
- Attach any supporting documentation (witness statements, incident reports, test results)
- Follow company policy for post-incident procedures
- Consult legal counsel if needed before taking disciplinary action