



SUBSTANCE ABUSE POLICY
Reasonable Suspicion Incident Documentation Sheet

Employee Name: _____ SSN (last four digits): _____

Department: _____ Supervisor's Name: _____

Location of Incident: _____ Description of Incident: _____

Date: _____ Time of Incident: _____

Observations:

Odor of Alcohol Yes No
 Odor of Marijuana Yes No
 Attempt to conceal an object Yes No

Behavior:

Nervous	()	Insulting	()	Sleepy	()	Exaggerated Politeness	()
Confused	()	Combative	()	Excited	()	Quarrelsome	()
Fatigued	()	Uncooperative	()	Poor Memory	()	Overly Talkative	()

Unusual Actions:

Sweating	()	Slow Reactions	()	Crying	()	Tremors	()
Fighting	()	Quick Moving	()				

Speech:

Slurred	()	Slow	()	Confused	()	Thick	()
Rambling	()	Pressured	()				

Balance:

Falling	()	Staggering	()	Unsure	()	Needs Support	()
Stumbling	()	Normal	()				

Supervisory action taken: _____

Manager or Supervisor's Signature: _____ Date/Time: _____

Manager or Supervisor's Signature: _____ Date/Time: _____

This form should be completed prior to subjecting an employee to reasonable suspicion testing. **Two supervisors must confirm, by both signing this form, that they have observed the symptoms checked above and concur that cause exists.** At least one of the two supervisors must have received at least one-hundred and twenty (120) minutes of training on the specific physical, behavioral and performance indicators and symptoms of probable alcohol misuse and drug use. After the completion of this form and the concurrence from the two supervisors, the Reasonable Suspicion Notification form should be completed and signed by the supervisor and the employee. **Each supervisor shall supplement this form with a written statement that documents the facts constituting reasonable suspicion that led them to believe the employee is under the influence of alcohol and/or drugs.**