

DRUG AND ALCOHOL TESTING POLICY
REASONABLE SUSPICION OBSERVATION - SUPERVISOR STATEMENT

General Information

Employee's Name: _____

Observation Date: _____ Time: _____ a.m. / p.m.

Location: _____

Supervisor's Name: _____

How long has the employee worked at the Company? _____

How long have you supervised the employee? _____

Was the employee involved in an accident or unsafe activity? Yes ____ No ____

If yes, please describe: _____

If yes, accident/unsafe activity date and time: _____

If yes, extent of injury to persons/property (if applicable): _____

If yes, was there evidence of negligence/carelessness (please explain): _____

Other Witnesses: _____

Cause of Suspicion

- Observed possession or use of a controlled substance and/or paraphernalia (specify if applicable):

- Observed abnormal or erratic behavior (see checklist below).

Observed Personal Behavior Checklist

• **Appearance**

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Unable to | <input type="checkbox"/> Puncture Marks |
| <input type="checkbox"/> Disheveled | Consistently Open | <input type="checkbox"/> Tremors or Shaking |
| <input type="checkbox"/> Profuse Sweating | Eyes | <input type="checkbox"/> Bodily Odor |
| <input type="checkbox"/> Diluted Pupils | <input type="checkbox"/> Watery Eyes | <input type="checkbox"/> Inappropriate Use |
| <input type="checkbox"/> Bloodshot Eyes | <input type="checkbox"/> Flushed | of Sunglasses |
| <input type="checkbox"/> Other (specify): _____ | | |

• **Speech**

- | | | |
|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Shouting |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Slowed | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Stuttered | <input type="checkbox"/> Rambling |
| <input type="checkbox"/> Mumbled | <input type="checkbox"/> Silent | |
| <input type="checkbox"/> Other (specify): _____ | | |

• **Breath**

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Odor | <input type="checkbox"/> Marijuana Odor |
| <input type="checkbox"/> Vomit Odor | |
| <input type="checkbox"/> Other (specify): _____ | |

• **Awareness**

- | | | |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Sad | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Disoriented | <input type="checkbox"/> Confused | |
| <input type="checkbox"/> Paranoid | <input type="checkbox"/> Drowsy | |
| <input type="checkbox"/> Euphoric | <input type="checkbox"/> Hyperactive | |
| <input type="checkbox"/> Other (specify): _____ | | |

• **Attitude/Demeanor**

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Talkative | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Profane | <input type="checkbox"/> Violent |
| <input type="checkbox"/> Care-free | <input type="checkbox"/> Calm | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Insulting | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Combative | <input type="checkbox"/> Polite | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Other (specify): _____ | | |

• **Motor Skills/Balance/Agility**

- Normal
- Swaying
- Falling
- Other (specify): _____
- Unsteady
- Needs Support
- Staggering
- Shaky
- Slow/Delayed

• **Other**

- Employee's Attendance has Declined

Explain: _____

- Employee has Exhibited Change in Performance

Explain: _____

- Employee has Exhibited Change in Demeanor or Behavior

Explain: _____

Indicate other unusual actions, behavior, or statements: _____

Supervisor Opinion

The observable behaviors noted cause me to believe that there is a potential safety concern and/or violation of the Company's Drug and Alcohol Policy. If I believe this to be an immediate concern, I should stop the employee from working and prevent them from operating any equipment where there would be a foreseeable danger. Based upon my observations as noted in this document, I recommend that a drug and/or alcohol test be administered.

 Name (Print)

 Date

 Signature