**Reasonable Cause/Reasonable Suspicion Drug Testing Form**

**Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observations**

(Please check all that apply and include descriptions of any CHANGES in normal behavior.)

1. **Appearance:**

|  |  |
| --- | --- |
| * Normal
* Tremors/ Twitches
* Flushed or Pale
* Dilated Pupils
* Sleepy
* Sores/ Puncture Marks
 | * Heavy Eyelids
* Bloodshot eyes
* Disheveled
* Excessive Sweating
* Unwashed/Unkempt Appearance
* Other (explain below)
 |

**Description/Notes:**

1. **Behavior/ Demeanor:**

|  |  |
| --- | --- |
| * Nervous
* Erratic Mood Swings
* Lethargic
* Irritable
* Combative
* Paranoid
 | * Verbally/Physically Abusive
* Highly Excited
* Confusion/Inattentive
* Fatigue/Sleepy/Drowsiness
* Other (explain below)
 |

**Description/Notes:**

1. **Motor Skills:**

|  |  |
| --- | --- |
| * Normal
* Swaying/Unsteady/Unbalanced
* Stumbling/Falling
 | * Lack of Coordination
* Fidgeting
* Other (explain below)
 |

**Description/Notes:**

1. **Speech:**

|  |  |
| --- | --- |
| * Normal
* Slurred
* Talking Excessively
* Loud
 | * Incoherent
* Exaggerated
* Other (explain below)
 |

**Description/Notes:**

1. **Odor:**

|  |  |
| --- | --- |
| * Normal
* Smell of Alcohol
* Excessive Cologne
 | * Body Odor
* Smell of Marijuana
* Other (explain below)
 |

**Description/Notes:**

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be returned to Human Resources as soon as possible after observing the behavior and must be approved by Human Resources prior to a drug test being conducted. Human Resources may complete this top part of the form and attach emails, etc. instead of supervisor signing if necessary.

**DETERMINATION (HR)**

Based on evidence observed by the supervisor and one other witness (minimum), the decision was made to:

* Arrange for the employee to be conducted to a drug testing facility for a drug/alcohol test.
* Continue observation and address behaviors – at this time not enough evidence to require testing.

ADDITIONAL INFORMATION: List the individuals who witnessed the behavior, in addition to the supervisor. Signed statements/email evidence should be attached to this form for back-up as to the decision. (Witnesses may be viewing video, may be talking with the person by telephone, etc.)

Human Resources Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reviewed for use in NC/SC only.*