**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.*