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## SUBSTANCE ABUSE INVESTIGATION REASONABLE SUSPICION AND INCIDENT GUIDELINES

This form shall be completed and signed by the person suspecting another employee of drug and/or alcohol abuse during working hours, on company property or on company business, unless otherwise stated in the Substance Abuse Policy. Check all signs and symptoms that apply and complete the related questions. This form is to be reviewed by the employee's supervisor/manager to determine if testing is warranted. The suspecting employee and his/her supervisor will sign, date and forward the form to the appropriate personnel.

### Physical Signs or Symptoms

1. \_\_\_\_\_ Possessing, dispensing, or using prohibited substances
2. \_\_\_\_\_ Slurred or incoherent speech
3. \_\_\_\_\_ Unusual unsteady gait or other loss of physical control, poor coordination
4. \_\_\_\_\_ Dilated or constricted pupils or unusual eye movement
5. \_\_\_\_\_ Bloodshot or watery eyes
6. \_\_\_\_\_ Extreme fatigue or sleeping on the job
7. \_\_\_\_\_ Excessive sweating or clamminess of skin
8. \_\_\_\_\_ Flushed or very pale face
9. \_\_\_\_\_ Highly excited or nervous
10. \_\_\_\_\_ Recurrent nausea or vomiting
11. \_\_\_\_\_ Odor of marijuana
12. \_\_\_\_\_ Disheveled appearance or out of uniform
13. \_\_\_\_\_ Dry mouth (frequent swallowing/lip wetting)
14. \_\_\_\_\_ Dizziness or fainting
15. \_\_\_\_\_ Unusual shaking hands or body tremors/twitching
16. \_\_\_\_\_ Breathing irregularity or difficulty breathing
17. \_\_\_\_\_ Runny nose or sores around nostrils not associated with other respiratory infection symptoms
18. \_\_\_\_\_ Puncture marks or "tracks"
19. \_\_\_\_\_ Inappropriate wearing of sunglasses
20. \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### General Job Performance

1. \_\_\_\_\_ Excessive unauthorized absences – number in the last 12 months \_\_\_\_\_
2. \_\_\_\_\_ Frequent Monday/Friday absence or other patterns
3. \_\_\_\_\_ Increase concern about, or actual incidents of safety offenses involving the employee (cite examples on back of sheet)
4. \_\_\_\_\_ Inability to follow through on job performance recommendations
5. \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### Personal Matters

1. \_\_\_\_\_ Changes in or unusual speech (incoherent, stuttering, loud)
2. \_\_\_\_\_ Changes in or unusual physical mannerisms (gestures, posture)
3. \_\_\_\_\_ Changes in or unusual level of activity: much reduced \_\_\_ or increased \_\_\_
4. \_\_\_\_\_ Increasingly irritable or tearful
5. \_\_\_\_\_ Unpredictable or out-of-context displays of emotion

- 6. \_\_\_\_\_ Episodes of unusual fear or paranoia
- 7. \_\_\_\_\_ Lacks appropriate caution
- 8. \_\_\_\_\_ Engages in detailed discussion about obtaining selling or using drugs
- 9. \_\_\_\_\_ Makes unfounded accusations toward others, has feelings of persecution
- 10. \_\_\_\_\_ Secretive or furtive
- 11. \_\_\_\_\_ Memory problems (difficulty recalling instructions, data, past behaviors)
- 12. \_\_\_\_\_ Makes unreliable or false statements
- 13. \_\_\_\_\_ Unrealistic self-appraisal or grandiose statements
- 14. \_\_\_\_\_ Temper tantrums or angry outbursts
- 15. \_\_\_\_\_ Major change in physical health with no known cause
- 16. \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Written Summary**

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please attach any additional documentation related to this reasonable suspicion.

\_\_\_\_\_  
Suspecting Person Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Manager/Human Resource Signature

\_\_\_\_\_  
Date/Time