

Substance Abuse Investigation

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	Yes	No
Possessing, dispensing, or using prohibited substances		
Slurred or incoherent speech		
Unusual unsteady gait or other loss of physical control, poor coordination		
Dilated or constricted pupils or unusual eye movement		
Bloodshot or watery eyes		
Extreme fatigue or sleeping on the job		
Excessive sweating or clamminess of skin		
Flushed or very pale face		
Highly excited or nervous		
Recurrent nausea or vomiting		
Odor of marijuana		
Disheveled appearance or out of uniform		
Dry mouth (frequent swallowing/lip wetting)		
Dizziness or fainting		
Unusual shaking hands or body tremors/twitching		
Breathing irregularity or difficulty breathing		
Runny nose or sores around nostrils not associated with other respiratory infection symptoms		
Puncture marks or "tracks"		
Inappropriate wearing of sunglasses		
Other (please specify)		
	Yes	No

General Job Performance		
Excessive unauthorized absences – number in the last 12 months _____		
Frequent Monday/Friday absence or other patterns		
Increase concern about, or actual incidents of safety offenses involving the employee (provide examples on back of sheet)		
Inability to follow through on job performance recommendations		
Other (please specify)		
Personal Matters	Yes	No
Changes in or unusual speech (incoherent, stuttering, loud)		
Changes in or unusual physical mannerisms (gestures, posture)		
Changes in or unusual level of activity: much reduced _____ or increased _____		
Increasingly irritable or tearful		
Unpredictable or out-of-context displays of emotion		
Episodes of unusual fear or paranoia		
Lacks appropriate caution		
Engages in detailed discussion about obtaining selling or using drugs		
Makes unfounded accusations toward others, has feelings of persecution		
Secretive or furtive		
Memory problems (difficulty recalling instructions, data, past behaviors)		
Makes unreliable or false statements		
Unrealistic self-appraisal or grandiose statements		
Temper tantrums or angry outbursts		
Major change in physical health with no known cause		
Other (please specify)		
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.		
Witness Signature	Date	
Supervisors/Manager Signature	Date	