



# Reasonable Suspicion Drug Test Request

Name: _____	Employee ID: _____
Position: _____	Department: _____
Date (mm/dd/yyyy): _____	Time of Day: _____

The purpose of this form is to help you decide if you have reasonable grounds to suspect that an employee is using drugs or alcohol in violation of City policy. This form must be filled out and signed as soon as possible after observing the behavior.

Selections for testing must be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the person you suspect (including indications of the chronic or withdrawal effects of drugs). Keep this guideline in mind as you determine whether or not reasonable suspicion exists.

While you do not have to check every box for someone to be subject to testing, you should be cautious if the circumstances do not present multiple indications of prohibited drug/alcohol use. You should also be careful to maintain appropriate confidentiality, (i.e. conduct your investigation in private and do not discuss your suspicions with individual co-workers).

<input type="checkbox"/> Acts hyperactive	<input type="checkbox"/> Eyes glassy or watery	<input type="checkbox"/> Sudden, marked mood swings
<input type="checkbox"/> Acts sleepy/asleep	<input type="checkbox"/> Face flushed	<input type="checkbox"/> Sways, sags, or leans on support when standing
<input type="checkbox"/> Breath/clothes smell like alcohol	<input type="checkbox"/> Face pale	<input type="checkbox"/> Unusual sweating
<input type="checkbox"/> Breath/hair/hands/clothes smell like marijuana	<input type="checkbox"/> Movements jerky or uncoordinated	<input type="checkbox"/> Unusually anxious
<input type="checkbox"/> Can't seem to understand normal conversation	<input type="checkbox"/> Moves very slowly	<input type="checkbox"/> Unusually quarrelsome, irritable, or hostile
<input type="checkbox"/> Doesn't seem to care about anything	<input type="checkbox"/> Pupils dilated	<input type="checkbox"/> Voice unusually loud or soft
<input type="checkbox"/> Erratic or violent actions	<input type="checkbox"/> Speech slurred	<input type="checkbox"/> Won't stop talking
<input type="checkbox"/> Eyes bloodshot	<input type="checkbox"/> Speech incoherent or rambling	<input type="checkbox"/> Won't talk
<input type="checkbox"/> Eyelids droopy or puffy	<input type="checkbox"/> Stumbles, staggers, or falls when walking	
<input type="checkbox"/> Eyes don't track side-to-side movement smoothly	<input type="checkbox"/> Sudden, marked changes in activity level	

**Describe any suspicious accidents/errors/mistakes:**

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Describe all other facts, circumstances, etc. that caused you to suspect prohibited drug/alcohol use:

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List all other witnesses to the person's actions, appearance, conduct, etc.:

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List the employee's responses to your observations:

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\_\_\_\_\_  
Supervisor (Print Name)

\_\_\_\_\_  
Department Head (Print Name)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Department Head Signature

**SUBMIT COMPLETED FORM TO THE RISK MANAGEMENT DEPARTMENT**