



**SUBSTANCE ABUSE POLICY**  
**Reasonable Suspicion Incident Documentation Sheet**

Employee Name: \_\_\_\_\_ SSN (last four digits): \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Description of Incident: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**Observations:**

Odor of Alcohol  Yes  No  
 Odor of Marijuana  Yes  No  
 Attempt to conceal an object  Yes  No

**Behavior:**

Nervous	( )	Insulting	( )	Sleepy	( )	Exaggerated Politeness	( )
Confused	( )	Combative	( )	Excited	( )	Quarrelsome	( )
Fatigued	( )	Uncooperative	( )	Poor Memory	( )	Overly Talkative	( )

**Unusual Actions:**

Sweating	( )	Slow Reactions	( )	Crying	( )	Tremors	( )
Fighting	( )	Quick Moving	( )				

**Speech:**

Slurred	( )	Slow	( )	Confused	( )	Thick	( )
Rambling	( )	Pressured	( )				

**Balance:**

Falling	( )	Staggering	( )	Unsure	( )	Needs Support	( )
Stumbling	( )	Normal	( )				

Supervisory action taken: \_\_\_\_\_

Manager or Supervisor's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Manager or Supervisor's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

This form should be completed prior to subjecting an employee to reasonable suspicion testing. **Two supervisors must confirm, by both signing this form, that they have observed the symptoms checked above and concur that cause exists.** At least one of the two supervisors must have received at least one-hundred and twenty (120) minutes of training on the specific physical, behavioral and performance indicators and symptoms of probable alcohol misuse and drug use. After the completion of this form and the concurrence from the two supervisors, the Reasonable Suspicion Notification form should be completed and signed by the supervisor and the employee. **Each supervisor shall supplement this form with a written statement that documents the facts constituting reasonable suspicion that led them to believe the employee is under the influence of alcohol and/or drugs.**