REASONABLE SUSPICION ADMINISTRATIVE CHECKLIST

(Provide a copy to the company administering the alcohol/drug testing.)

1. Department _____

2. Date: _____ Time: _____ Location: _____

3. Name of Employee: _____ Job Class: _____

4. Name of Supervisor/Manager:_____

5. Witness(es): _____

6. Please mark the boxes below to indicate which of the following observations/conditions you (and any witnesses) are observing. Any of the following conditions are sufficient to create reasonable suspicion and the need for alcohol and drug testing. Two or more conditions are needed unless you have one very strong indicator (*). If you are unsure if the condition rises to the level of reasonable suspicion, reach out to your Department's Disability Management Analyst or Human Resources at 707-565-2331 and request to speak to the Disability Management Unit. If the observation occurs after normal business hours, or if a Human Resources contact is not available, reach out to the highest level of management available for assistance:

- ☐ Slurred, slow, or incoherent speech
- ☐ Odor of alcoholic beverage (on breath or body odor)
- ☐ Use of cannabis or other drugs or alcohol witnessed while employee was on work property*
- ☐ Unsteady or fidgety movement or dizziness (when standing or walking)
- ☐ Accident occurred (typically requires an additional indicia unless a DOT-covered employee)
- ☐ Physical altercation
- ☐ Verbal altercation
- ☐ Possession of drugs or alcohol*
- ☐ Significant change in behavior
- ☐ Drugs or alcohol found in County vehicle*
- ☐ Abnormal, erratic, unusually argumentative, agitated, or paranoid behavior
- ☐ Observable phenomena (e.g bloodshot or watery eyes or dilated pupils, flushed or sweating face, etc.).
- ☐ Information of employee's drug or alcohol use reported by another person (cannabis use must be witnessed on-campus)
- ☐ Drowsiness/sleeping on the job
- ☐ Inability to respond

7. Give specific details about what you saw, heard, and/or smelled:

_____

_____

_____

_____

8. Give a brief summary of the employee's job duties (ie. drives vehicles, conducts in-home visits, prepares reports, etc.):

_____

_____

_____

9. Did you talk to the employee?: ☐ No ☐ Yes At what time?: _____ a.m./ p.m.
10. Did the employee request to have their Union Rep present? ☐ No ☐ Yes ☐ N/A
11. Did the employee contact their Union Rep? ☐ No ☐ Yes

    Name of Representative/Union and method of contact: _____

    Any notes about Union involvement including all names of Union Reps or Stewards contacted and method of contact:

    _____

    _____

    _____

12. Did you witness the employee using drugs or alcohol on County property during the work day?: ☐ No ☐ Yes (cannabis use must be witnessed to be reasonable suspicion)
13. Ask the employee if they are currently under the influence of drugs and/or alcohol.
    What did the employee say or admit or offer by way of explanation?:

    _____

_____

_____

14. Did the employee agree to be tested?: □ No □ Yes

    If employee refuses to test, tell the employee: "This is not a request to test. The test is a direct order by management for reasonable suspicion testing, and failure to comply will result in disciplinary action up to and including termination from County employment."

    If employee still refuses to test, employee needs to be driven home and placed on Administrative Leave pending further discussion with Department Leadership/Human Resources.

15. Name of Supervisor(s) taking Employee to be tested: _____

16. If test result was positive/inconclusive, how did employee get home?: _____

17. Does the employee drive a County-assigned vehicle?: □ No □ Yes

    If so, where is the vehicle located and where are the keys? If employee has vehicle at another location, (ie. home,) the vehicle and keys should be retrieved:

    _____

18. Administrative Leave Letter presented to employee? □ No □ Yes

I certify the above is true and correct.

Signature of Supervisor/Manager: _____ Date: _____

Drug and Alcohol Testing Request Form (Present to Test Administrator)

Employee Name: _____

Date: _____

Testing Company: _____

Please administer the following tests:

- ☐ Urine Screening Panel (drug screening)
- ☐ Saliva Screening Panel (drug screening)
- ☐ Alcohol Testing

Supervisor/Manager Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Results (to be completed by test administrator)

1. Drug Test: ☐ Positive ☐ Negative ☐ Inconclusive
    a. Additional Information:

    _____
2. Alcohol Test: ☐ Positive ☐ Negative ☐ Inconclusive
    a. Additional Information:

    _____

Test Admin Signature: _____ Title: _____

Testing Process Completed Date: _____ Time: _____