

UNDER THE INFLUENCE OF DRUGS OR ALCOHOL
Review Checklist

- 1.

Name of Employee	Date	Classification
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- 2.

Name of Supervisor	Date	Department
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- 3.

Name of Witness	Date	Classification
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- 4.

Location of Occurrence	Date	Time
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- 5. Briefly describe what you saw, heard and/or smelled:

- 6. Reasons why you have a reasonable suspicion that the employee named above was under the influence of drugs, alcohol or other intoxicants. Any of the following conditions are sufficient to create reasonable suspicion and the need for a medical evaluation:
 - Slurred speech
 - Alcohol odor
 - Unsteady movement
 - Accident occurred
 - Physical altercation
 - Verbal altercation
 - Observable phenomena
 - Change in behavior
 - Abnormal, erratic, paranoid behavior
 - Possession of alcohol or drugs
 - Information from another
 - Drowsiness/sleeping on the job
 - Inability to respond

7. The employee's job duties consist of :

8. Did you talk to the employee: No

Yes. At what time?: _____ a.m./ p.m.

What did he/she say:

9. If you require the employee undergo a medical evaluation, please check here.

See Map of Kaiser Medical Facilities.

Between the hours of 8:30 a.m. and 5:00 p.m.:

a. Call Kaiser Permanente's Occupational Health Center at
(707) 566-5654 or (707) 566-5550

b. Take the employee to:

**3975 Old Redwood Highway
Medical Office Building 5, Suite 152
Santa Rosa, California**

Between the hours of 5:00 p.m. and 8:30 a.m.:

a. Testing is performed at the **Kaiser Emergency Department (ED)**

b. Drug test performed by **On-site Health & Safety (510) 245-2700.**

If no response contact **Preferred Alliance Inc. (hot line), (877) 272-5227**

c. Take the employee to:

**Kaiser Emergency Medicine Dept.
401 Bicentennial Way
Santa Rosa, California**

10. Remain with employee until test is completed.

11. Give the attending medical professional a completed copy of this form and advise him/her of your observations.

12. Await the medical professional's evaluation.
13. Did the medical professional determine:
 - Fit for duty. If so, return employee to duty.
 - Not fit for duty. Have the employee driven home.
14. Ensure the employee's car is secure (locked and in proper parking place) or taken home by a co-worker, friend or relative.
15. Complete this form and give your supervisor/manager a copy.

MAP OF KAISER MEDICAL FACILITIES

