

CONFIDENTIAL RECORD

(Contact Human Resources Immediately)

REASONABLE SUSPICION – OBSERVATION CHECKLIST

Employee Name: _____ Agency: _____

Observation Date/Time: _____ Department: _____

Supervisor Name/Title: _____

Human Resources Name/Title: _____

Cause for Suspicion: Check all items that apply as basis for suspicion. This form must be completed then you must contact a local/national Human Resource representative prior to testing.

Appearance:

<input type="checkbox"/> Normal	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Dilated/Constricted Pupils
<input type="checkbox"/> Profuse Sweating	<input type="checkbox"/> Bloodshot Eyes	<input type="checkbox"/> Inappropriate wearing of sunglasses
<input type="checkbox"/> Tremors	<input type="checkbox"/> Flushed Appearance	

Other: _____

Behavior:

Speech: <input type="checkbox"/> Normal	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slurred	<input type="checkbox"/> Slowed	<input type="checkbox"/> Rapid
<input type="checkbox"/> Confused	<input type="checkbox"/> Verbally Abusive	<input type="checkbox"/> Agitated	<input type="checkbox"/> Inappropriate Outburst	

Awareness: <input type="checkbox"/> Normal	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Lack of Coordination	<input type="checkbox"/> Crying
<input type="checkbox"/> Combative	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Physically Abusive	<input type="checkbox"/> Confused

Motor Skills:

<input type="checkbox"/> Normal	<input type="checkbox"/> Swaying	<input type="checkbox"/> Falling	<input type="checkbox"/> Reaching for Balance
<input type="checkbox"/> Stumbling	<input type="checkbox"/> Staggering		

Other: _____

Performance of Job:

- | | |
|--|--|
| <input type="checkbox"/> Refusal to do assigned tasks | <input type="checkbox"/> Intentional avoidance of supervisor |
| <input type="checkbox"/> Behavior disrupts work environment | <input type="checkbox"/> Significant increase in errors |
| <input type="checkbox"/> Inattention/not focused | <input type="checkbox"/> More than usual supervision required |
| <input type="checkbox"/> Reduced quality of work | <input type="checkbox"/> Unusual sensitivity to critique of work |
| <input type="checkbox"/> Persistent negative comments/attitude | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Inappropriate response to questions | <input type="checkbox"/> Co-worker complaints |
| <input type="checkbox"/> Threatening behavior | |

Describe: _____

Other Observed Actions/Behaviors: _____

Actions for Reasonable Suspicion Testing: Supervisor's or Witness Initials
(Refer to Mosaic Alcohol/Drug-Free Workplace Procedures for Reasonable Suspicion Testing)

<u>Time</u>	<u>Initials</u>	
_____	_____	1. Agency HR or ED contacted
_____	_____	2. Approval to proceed by: _____
_____	_____	3. Evaluation Communicated to Employee; Employee to explain
_____	_____	4. Reasonable Suspicion Exists to Test Employee: ____ N/Y
_____	_____	5. Process Explained to Employee
_____	_____	6. Testing will be on-site ____ N/Y
_____	_____	7. Arrangements Made to Escort Employee to Testing Facility (if applicable)
_____	_____	8. Arrangements Made to Escort Employee Home

_____ Date/Time: _____
Administrative Signature

_____ Date/Time: _____
Witness Signature

Instructions for Completing Reasonable Suspicion Checklist

Introduction

Reasonable suspicion observation presents a challenge to many managers/supervisors. The situation offers a potential for tension and conflict if not properly handled. Reasonable suspicion observation begins when there is a belief that an employee is using, or has used, drugs/alcohol drawn from specific, objective, and articulable facts. In other words, an employee has entered the workplace with behavioral/physical signs and/or paraphernalia that is interfering with work.

The basic question becomes "is this employee under the influence of a mind altering substance?" As a manager, that is a question which has no answer until drug/alcohol testing results have been assessed. The employee may be having a medical complication such as a seizure, insulin reaction or a possible heart attack. In addition, the employee may have a psychological condition such as depression, manic episodes, or suicidal tendencies. As a manager, the cause of the behavior is not the issue. The main responsibilities of management are, 1) to know job expectations and communicate to all employees, 2) immediately meet with employees whose performance is not meeting established goals/standards, 3) to be aware of signs/symptoms of substance abuse and misuse, 4) confidentially confronting the employee about the signs that are being observed, and 5) removing the employee from the workplace to reduce a potential safety hazard.

Steps for Intervention

1. Identify the specific behaviors and/or information leading to a decision to confront the employee in relation to job performance only. (See attached Reasonable Suspicion Checklist). Hearsay or anonymous reports, by themselves, are not an acceptable reason to test an employee.
2. Upon suspicion that an employee is impaired in his/her ability to perform the job, immediately contact your local human resource representative for approval before proceeding. Escalate to corporate HR Department if you are not able to reach your local human resources staff.
3. Personally escort the employee to a private office or area. Always arrange for a witness (i.e., manager/supervisor of another office/department) to be present. This should not be a co-worker of the employee.
4. Communicate to the employee that you have "a concern for their ability to perform their job safely based upon objective factors." Advise the employee that exhibited behaviors are affecting the workplace. State that per Mosaic policy, you as a manager have a responsibility to have an on-site test conducted (drug only) and/or escort the employee to a medical facility to be evaluated by a physician, and to have a drug/alcohol test.
5. Document the entire interaction with the employee, including dialogue. Complete the attached checklist and consult with local and/or national Human Resources.
6. Testing: Federal Testing ensures the Federal Collection Guidelines for DOT safety-sensitive employees are followed; Non-Federal collections are done according to state guidelines.
7. If the employee refuses to cooperate or consent to a drug/alcohol test, advise him/her that a refusal is grounds for immediate termination according to the company policy.

8. To ensure the safety of the employee and others, make arrangements to transport the employee to the medical facility (if off-site testing is done) and home. If necessary, consider calling a family member or a taxi.

9. If the employee becomes violent, angry, or abusive, involve law enforcement.

10. Maintain the confidentiality of the situation. Do not discuss with unauthorized persons. Only involve individuals who have a "need to know" such as human resources, risk management, etc.

If handled in a professional manner, managers can avoid allegations of a "personal vendetta" or discriminatory conduct. Again, focus on job-related performance issues, stay calm, and follow Mosaic's Alcohol/Drug-Free Workplace Policy.