

**METROPOLITAN GOVERNMENT SUBSTANCE ABUSE PROGRAM
DOCUMENTATION OF REASONABLE SUSPICION OF SUBSTANCE ABUSE**

All parts, A through D, must be completed by a trained supervisor and signed by both the supervisor and the Appointing Authority (or designee) prior to directing an employee to undergo reasonable suspicion drug testing.

An employee is subject to reasonable suspicion testing when after review of the specific facts and circumstances in a particular employee's case, a trained supervisor concludes that there exists a reasonable suspicion that an employee has engaged or is engaging in conduct prohibited under this policy. A trained supervisor must document the specific facts and circumstances that led to reasonable suspicion.

PART A

Employee: _____ Department: _____

Employee ID # (or SS#) _____ Date(s) of occurrence(s) _____

PART B Check all that apply.

1.

PERSONAL APPEARANCE

- | | |
|---|--|
| <input type="checkbox"/> Smells of alcohol | <input type="checkbox"/> Deteriorating personal appearance or change in appearance after lunch or breaks |
| <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Unsteady walk |
| <input type="checkbox"/> Bloodshot eyes, apparent unfocused vision or wearing sunglasses at inappropriate times | |
-

MENTAL FACTORS

- | | |
|--|--|
| <input type="checkbox"/> Decreased concentration or increased confusion | <input type="checkbox"/> Repeated mistakes, increased carelessness, errors in judgment |
| <input type="checkbox"/> Difficulty understanding and following instructions | <input type="checkbox"/> Wide mood swings |
-

HEALTH & SAFETY

- | | |
|--|---|
| <input type="checkbox"/> High on-the-job accident rate | <input type="checkbox"/> Careless handling and maintenance of equipment |
| <input type="checkbox"/> Numerous accidents off the job that affect work performance | <input type="checkbox"/> Needless risk-taking |
| | <input type="checkbox"/> Disregard for others' safety |
-

GENERAL PERFORMANCE

- | | |
|---|--|
| <input type="checkbox"/> Failure to meet deadlines | <input type="checkbox"/> Excessive customer complaints |
| <input type="checkbox"/> Continuing decrease in work quality and productivity | <input type="checkbox"/> Improbable excuses for poor job performance |

PEER RELATIONSHIPS

- | | |
|---|--|
| <input type="checkbox"/> Altercations with others | <input type="checkbox"/> Threatening and intimidating behavior |
| <input type="checkbox"/> Avoidance of others | <input type="checkbox"/> Borrowing money from co-workers |

ATTENDANCE

- | | |
|---|--|
| <input type="checkbox"/> Frequent absences for questionable or unexplained reasons or a pattern of absences | <input type="checkbox"/> Unexplained disappearances from the job |
| <input type="checkbox"/> Unexcused absences | <input type="checkbox"/> Tardiness / leaving work early |
| | <input type="checkbox"/> Long lunches or breaks |

Comments made by employee: (Please quote any remarks, admissions, inappropriate language, etc. that may be pertinent to the employee's condition)

2. Employee observed with drug paraphernalia while on duty or on Metro property

Reason for believing source is reliable and credible:

3. Report of prohibited drug and/or alcohol use by employee provided by a reliable and credible source

Reason for believing source is reliable and credible:

Note to Supervisor: Each section of **Part B** will be reviewed independently. An absence of response(s) in any one section does not preclude the ordering of a reasonable suspicion test.

PART C: Provide any additional descriptions of the circumstances, including any facts, inferences drawn from those facts, which constitutes the reasonable suspicion held that the employee has engaged in prohibited drug or alcohol use.

Trained Supervisor _____ Date _____

Appointing Authority (or designee) _____ Date _____

The signatories are ordering the following reasonable suspicion test (check one):

____ drugs ____ alcohol ____ both

It is required that a copy of this Reasonable Suspicion Form be forwarded to the Human Resources Substance Abuse Administrator.

For purposes of Department of Transportation reporting, please check the following box if this employee is required to maintain a Commercial Drivers License (CDL).

CDL Holder