

REASONABLE SUSPICION TESTING REFERRAL FORM

Note to Supervisor/Company Official: This form is to be used to substantiate and document the objective facts and observations leading to a reasonable suspicion testing determination. After a direct observation of the employee's appearance, behavior, speech, body odors, and/or performance, please check ALL the indicators that raised your suspicion and the employee may have engaged in conduct which violates the Drug and Alcohol policy.

Employee Name _____ Job Title _____

Supervisor/Co. Official _____ Job Title _____

Date/Time of Determination: _____

Name(s) of Witness(es), if any _____

A. APPEARANCE OR PHYSICAL INDICATOR

- Flushed or very pale complexion
- Excessive sweating or skin clamminess
- Bloodshot or watery eyes
- Dilated or constricted pupils
- Nystagmus (jerky eye movement)
- Unfocused, blank stare
- Runny/bleeding nose
- Disheveled clothing
- Unkempt grooming
- Possible puncture marks on arms
- Dry mouth, wetting lips frequently

C. SPEECH OR BODY ODORS

- Slurred, thick, slowed
- Incoherent, nonsensical, silly
- Loud, boisterous
- Repetitious, rambling
- Cursing, inappropriate language
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Odor of alcohol
- Distinctive pungent aroma

B. BEHAVIORAL INDICATOR

- Stumbling, unsteady gait
- Poor coordination
- Hyperactivity, fidgety, agitated
- Nervous, disorderly
- Irritable, moody, belligerent
- Shaking, tremors, twitches
- Dizziness or fainting
- Nausea or vomiting
- Breathing irregularly or with difficulty
- Extreme fatigue or sleeping on the job
- Depressed, withdrawn

D. PERFORMANCE INDICATORS *

- Delayed or faulty decision-making
- Impulsive, unusual risk-taking
- Inability to concentrate
- Lack of motivation
- Impaired mental functioning
- Decreased alertness
- Significant increase in errors
- Reduced quality/quantity of work
- Inappropriate response to instructions
- Excessive absences or use of sick time
- Lackadaisical, apathetic attitude

Other observations not noted above: _____

Date/Time of Test: _____

Test Refused: No Yes

Supervisor/Company Official Signature _____

*These are usually long-term indicators. Must be combined with other indicators under A, B, or C.