

REASONABLE SUSPICION DOCUMENTATION

Prepare this form every time an employee is suspected of drug and/or alcohol use by actions, appearance, or conduct which constitutes a major change in a person's appearance and behavior.

Employee's Name: _____

Date of Observation: _____ Location of Observation: _____

Time of Observation: From: _____ a.m./p.m. To: _____ a.m./p.m.
Mo./Day/Year Time Mo./Day/Year Time

Why is There Reasonable Suspicion?

OBSERVE BEHAVIOR — CIRCLE ALL THAT APPLY

- | | | |
|---|--|---|
| <u>SPEECH</u>
Thick Incoherent
Rapid Excessively Talkative
Slurred | <u>BALANCE</u>
Unsteady
Swaying
Falling | <u>WALKING</u>
Stumbling
Staggering
Grasping for Support |
|---|--|---|

EMOTIONAL INDICATORS

- | | |
|------------------|--------------|
| Depression | Withdrawal |
| Anxiety | Moodiness |
| Alienation | Irritability |
| Loss of Appetite | |

PHYSICAL INDICATORS

- | | |
|-----------------------------|-----------------|
| Pupils Dilated | Cold Sweats |
| Chronic Redness of the Eyes | Rapid Breathing |
| Noticeable Weight Loss | Tremors |
| Neglect of Personal Hygiene | Odor of Alcohol |
| Odor of Marijuana | |

Other Abnormal Behavior Observed: _____

To the best of my knowledge and belief, this report represents the appearance, and/or conduct of the above-named employee, observed by me, and upon which I base my decision to require said employee to submit to Reasonable Cause Drug and/or Alcohol Testing.

The above behavior was witnessed by:

Signature of Witness

Date

Signature of Witness

Date

APPROVALS REQUIRED *

Supervisor/Coordinator: _____

Date: _____

Head Start Director: _____

Date: _____

* A determination to conduct a drug and/or alcohol test on an incumbent employee shall be made by the Head Start Director.