

WEST VIRGINIA UNIVERSITY

REASONABLE SUSPICION TESTING DETERMINATION 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 that the employee may have engaged in conduct which violates the Drug and Alcohol policy. Read further instructions on back page.

Employee Name _____ Job Title _____

Supervisor/Co. Official _____ Job Title _____

Date/Time of Determination: _____

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

A. APPEARANCE OR PHYSICAL INDICATORS

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

B. BEHAVIORAL INDICATORS

- ___ 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___ Depressed, withdrawn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.

Instructions to Supervisor/Company Official:

1. Conduct the employee interview in a private setting, mindful of the dignity and confidentiality rights of the employee.
2. Give the employee an opportunity to explain the reason(s) for the indicators you have observed from his or her perspective. Expect denial. Note explanation given by the employee (if any) in the space below.

3. Arrange to have the employee accompanied to the collection site for testing without delay.
4. Federal regulations require that reasonable suspicion testing for alcohol be administered within two (2) hours following the determination to refer the employee for testing. If alcohol testing is not conducted within two hours, document the reason for the delay. If the test is not administered within eight (8) hours, cease all attempts to test and document the reason for the inability to test. Please use the space below to document any delays or inability to test.

5. Complete and sign this document and send original to the Company Drug and Alcohol Program Manager (Name).

IMPORTANT: DO NOT TRY TO DIAGNOSE ABUSE OR ADDICTION OR IDENTIFY THE SPECIFIC DRUG ASSOCIATED WITH THE EMPLOYEE'S BEHAVIOR OR APPEARANCE.