



Drug Free Workplace

Lake County Board of County Commissioners

**Reasonable Suspicion Observation Form
(STRICTLY CONFIDENTIAL)**

Date/Time of Incident

Print Employee Name

Print Name of Supervisor #1

Print Name of Supervisor #2

This checklist is to be completed when documenting an incident which provides reasonable suspicion that an employee is under the influence of a prohibited drug, substance or alcohol. The supervisor(s) will note all pertinent behavior and physical signs or symptoms which lead to the reasonable belief the employee has recently used or is under the influence of, a prohibited substance.

Mark each applicable item on this form and any additional facts or circumstances.

Section A

Nature of the Incident/Cause for Suspicion	
1	<input type="checkbox"/> Observed/reported possession or use of a prohibited substance.
2	<input type="checkbox"/> Apparent drug or alcohol intoxication.
3	<input type="checkbox"/> Observed abnormal or erratic behavior.
4	<input type="checkbox"/> Arrest or conviction for drug-related offense.
5	<input type="checkbox"/> Evidence of tampering with a previous drug test.
6	<input type="checkbox"/> Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, insubordination or unauthorized absence on the job.) Please specify: _____ _____

Section B

Unusual Behavior	
1	<input type="checkbox"/> Verbal abusiveness.
2	<input type="checkbox"/> Physical abusiveness.
3	<input type="checkbox"/> Extreme aggressiveness or agitation.
4	<input type="checkbox"/> Withdrawal, depression, mood changes or unresponsiveness.
5	<input type="checkbox"/> Inappropriate verbal response to questioning or instructions.
6	<input type="checkbox"/> Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria or confusion.) Please specify: _____ _____

Section C

Physical Signs or Symptoms	
1	<input type="checkbox"/> Possessing, dispensing, or using controlled substance.
2	<input type="checkbox"/> Slurred or incoherent speech.
3	<input type="checkbox"/> Unsteady gait or other loss of physical control; poor coordination.
4	<input type="checkbox"/> Dilated or constricted pupils or unusual eye movement.
5	<input type="checkbox"/> Bloodshot or watery eyes.
6	<input type="checkbox"/> Extreme fatigue or sleeping on the job.
7	<input type="checkbox"/> Excessive sweating or clamminess to the skin.
8	<input type="checkbox"/> Flushed or very pale face.
9	<input type="checkbox"/> Highly excited or nervous.
10	<input type="checkbox"/> Nausea or vomiting.
11	<input type="checkbox"/> Odor of alcohol.
12	<input type="checkbox"/> Odor of marijuana.
13	<input type="checkbox"/> Dry mouth (frequent swallowing/lip wetting).
14	<input type="checkbox"/> Dizziness or fainting.
15	<input type="checkbox"/> Shaking hands or body tremors/twitching.
16	<input type="checkbox"/> Irregular or difficult breathing.
17	<input type="checkbox"/> Runny sores or sores around nostrils.
18	<input type="checkbox"/> Consistently wearing sunglasses indoors.
19	<input type="checkbox"/> Puncture marks or "tracks."
20	<input type="checkbox"/> Other (please specify). _____ _____

Section D

Written Summary
<p>Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Attach additional sheets as needed.</p> <p>_____</p> <p>_____</p> <p>_____</p>

Signature of Supervisor #1

Date/Time

Signature of Supervisor #2

Date/Time