Reasonable Cause/Suspicion Evaluation
Incident Report

Employee Name:_____ Department:_____

Date/Time of Incident: Date:_____ Time:_____

Supervisor #1

Name:_____ Signature:_____ Phone No._____

Supervisor #2

Name:_____ Signature:_____ Phone No._____

Facts or Behavior that caused the Incident Investigation:

_____

_____

_____

Witnesses:

Name:_____ Signature:_____ Phone No._____

Name:_____ Signature:_____ Phone No._____

Name:_____ Signature:_____ Phone No._____

Describe Generally the Physical Condition of the Employee:

_____

_____

_____

Describe Generally the Mental Condition of the Employee:

_____

_____

_____

Employee examined for physical illness/injury? ( ) Yes ( ) No If yes, Where and When?

_____

Was employee in possession of drugs/alcohol or unauthorized substance? ( ) Yes ( ) No

If yes, describe what was found and disposition of suspected items._____

Was a drug test requested? ( ) Yes ( ) No Who authorized test?_____

Witness:_____ Date:_____ Time:_____ Location:_____

Reasonable Cause/Suspicion Evaluation Checklist

Note what was observed – those behaviors and symptoms specifically seen leading up to a decision to request a drug test. For long-term behaviors, complete the Continued Behavior Observation checklist. Check any noted category and circle the appropriate symptom(s).

A. Nature of Incident/Cause for Suspicion	**B. Behavioral Indicators Noted**
[ ] **Illicit Behavior;** (observed), (reported) Possession, use, transaction or under the influence behavior of a prohibited substance	[ ] **Speech Behavior;** (verbal abusiveness), (rambling and nonsensical) Specify:
[ ] **Under Influence;** (observed), (reported) Apparent under the influence behavior. (Specify in Section C)	[ ] **Physical Behavior;** (extreme aggressiveness), (agitation), (physical abusiveness) Specify:
[ ] **Erratic Behavior;** (observed), (reported) Abnormal or erratic behavior. (Specify in section B and C)	[ ] **Attitude;** (withdrawn), (depressed), (tearful), (secretive), (unresponsive). Specify:
[ ] **Other;** (e.g., flagrant violation of safety or serious misconduct, accident or "near miss", fighting or argumentative/abusive language, unauthorized absence on the job) Specify:	[ ] **Other;** - erratic or inappropriate behavior (e.g. hallucinations, disoriented, excessive euphoria, talkativeness, confused, frequent absences) Specify:

C. Physical Signs or Symptoms	
[ ] **Eyes;** (red), (pupils dilated), (pupils constricted)	[ ] **Physical Control**; (gait unsteady), (poor coordination)
[ ] **Nose;** (runny), (sores in nostrils), (red and inflamed)	[ ] **Muscle Tone**; (rigid), (shakes and tremors), (limp)
[ ] **Skin**; (flushed and sweating), (pale), (blood spots and needle marks)	[ ] **Speech;** (rapid), (slurred)
[ ] **Salivation;** (dry mouth), (hyper salivation)	[ ] **Mental State;** (confusion), (hyper-reactive), (lackadaisical), (stuperous)
[ ] **Breath;** (odor of alcohol), (solvents), (marijuana)	[ ] **Breathing Rate;** (rapid, (shallow)
[ ] **Other;** (please specify)	