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**Sample Forms**

Included in this section are the DFWP Program forms and several sample forms for employers to refer to as they create the appropriate forms for their company policy and program.

* Reasonable Cause Guidelines/Tips – Supervisor Intervention
* Observed Behavior – Reasonable Cause Record
* Checklist: Recognizing Job Performance Problems
* Reasonable Suspicion Checklist



**Reasonable Cause Guidelines/Tips** - **Supervisor Intervention**

**Supervisor Guideline Steps:**

*Disclaimer: This guideline does not supersede your company policy. Always check with your policy before continuing!*

* Document event/behavior on Reasonable Suspicion Checklist Behavior/Situation as it relates to job performance & sign bottom of form
* Contact employee’s direct supervisors to inform of situation
* Have another supervisor witness behaviors & document situation
* Read script to employee with another supervisor present
* Drive employee to collection site or contact mobile testing – **employee is not allowed to drive themselves**
* If employee leaves in private vehicle against supervisor’s instruction – designated employer representative or supervisor should notify authorities
* Wait with employee while testing is completed
* Return employee to work location & offer to contact family member to pick them up
* After test results are received (allow 24 hours for results) schedule meeting with employee to discuss next steps/complete employee agreement

**For DOT regulated companies:**

**Time is Critical:** DOT Regulations require that following a reasonable suspicion alcohol test should be performed within 2 hours of the determination and no later than 8 hours. Documentation must exist of efforts to complete this requirement after the first 2 hours. Urine collection for a drug test must be performed within 32 hours from the determination or document the reason for no collection.

**Supervisor Intervention Tips:**

|  |  |
| --- | --- |
| **Do Not…** | **Do…** |
| Diagnose | Know the policy |
| Moralize | Focus on job performance |
| Be overly sympathetic | Be specific |
| Cover up | Be respectful |
| Talk about with others | Document |

**Reasonable Cause Script:**

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (employee name), as you know we have a Drug and Alcohol Testing Program Policy and as an employee you have agreed to abide by its policy to prevent drug and alcohol abuse in the workplace.

At this time, as your supervisor, I am instructing you that a reasonable cause determination of drug or alcohol use has been made and you must submit to a drug test and/or breath alcohol test at this time. A representative will go with you to the collection facility.

**Observed Behavior Reasonable Cause Record, Page 1**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observation: Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: (\_\_\_\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_\_\_\_ a.m./p.m.)

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address) (City) (State) (ZIP Code)

**CAUSE FOR SUSPICION**

**1. Presence of Drugs and/or Drug Paraphernalia (specify):**

**2. Appearance:**

􀂉 Normal

􀂉 Disheveled

􀂉 Dilated/constricted pupils

􀂉 Dry-mouth symptoms

􀂉 Flushed

􀂉 Bloodshot eyes

􀂉 Profuse sweating

􀂉 Runny nose

􀂉 Nose sores

􀂉 Puncture marks

􀂉 Inappropriate wearing of sunglasses

􀂉 Tremors

􀂉 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Behavior:**

**(Speech):**

􀂉 Normal

􀂉 Confused

􀂉 Incoherent

􀂉 Slowed

􀂉 Slurred

􀂉 Silent

􀂉 Whispering

􀂉 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Awareness):**

􀂉 Normal

􀂉 Lethargic

􀂉 Confused

􀂉 Lack of coordination

**Observed Behavior Reasonable Cause Record, Page 2**

**(Awareness, contd.):**

􀂉 Mood swings

􀂉 Paranoid

􀂉 Euphoric

􀂉 Disoriented

􀂉 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Motor Skills:**

**(Balance):**

􀂉 Normal

􀂉 Swaying

􀂉 Falling

􀂉 Staggering

􀂉 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Walking and Turning):**

􀂉 Normal

􀂉 Stumbling

􀂉 Swaying

􀂉 Falling

􀂉 Arms raised for balance

􀂉 Reaching for support

􀂉 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Other Observed Actions or Behavior (specify):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Witnessed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_a.m./p.m.

(Signature) (Title) (Time)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_a.m./p.m.

(Signature) (Title) (Time)

**This document should be prepared and signed by the witnesses within 24 hours of the observed**

**behavior or before the results are released, whichever is earlier.**

**Checklist: Recognizing Job Performance Problems, Page 1**

**Are the performance problems:**

* Persistent and ongoing?
* Affecting work efficiency and productivity?
* A change from the employee’s usual behavior?

**Absenteeism**

\_\_\_ Multiple instances of unauthorized leave.

\_\_\_ Excessive use of sick leave.

\_\_\_ Frequent Monday/Friday absences.

\_\_\_ Excessive tardiness, especially on Monday mornings or after lunch.

\_\_\_ Leaving work early.

\_\_\_ Peculiar and increasingly unbelievable excuses for absences.

\_\_\_ Higher absence rate for medical problems such as colds, influenza, stomach problems.

\_\_\_ Frequent, unscheduled short-term absences.

**On-the-Job Absenteeism**

\_\_\_ Continued absences from work site.

\_\_\_ Long coffee breaks.

\_\_\_ Physical illness on the job.

\_\_\_ Frequent trips to the bathroom.

\_\_\_ Sleeping or dozing off on the job.

**High Accident Rate**

\_\_\_ Accidents on the job and more accident claims than the “norm.”

\_\_\_ Near accidents on the job.

\_\_\_ Accidents off the job.

\_\_\_ Failure to wear safety gear.

\_\_\_ Complaints from co-workers regarding disregard of safety standards.

**Difficulty Concentrating**

\_\_\_ Work requires greater effort.

\_\_\_ Job takes more time.

**Confusion**

\_\_\_ Trouble recalling instructions, details, etc.

\_\_\_ Increasing difficulty handling complex assignments.

\_\_\_ Trouble recalling his/her own mistakes.

\_\_\_ Gives conflicting information or instructions.

\_\_\_ Has trouble coordinating schedules.

**Checklist: Recognizing Job Performance Problems, Page 2**

**Inconsistent Work Patterns**

\_\_\_ Alternate periods of high and low productivity.

\_\_\_ Submission of incomplete reports and data.

**Reporting Unfit for Work**

\_\_\_ Comes to work in an obviously unfit condition (glazed eyes, yawning, slurred speech,

unsteady gait, sleepiness).

**Changes in Personal Habits**

\_\_\_ Different behavior after lunch than before.

\_\_\_ Decreased attention to appearance or personal hygiene.

**Erratic Behavior**

\_\_\_ Withdrawn or improperly talkative.

\_\_\_ Argumentative.

\_\_\_ Displays violent behavior.

\_\_\_ Has exaggerated sense of self-importance.

\_\_\_ Spends excessive amount of time on the telephone.

\_\_\_ Irritable.

\_\_\_ Depressed or highly emotional.

**Motivation**

\_\_\_ Less commitment to the job.

\_\_\_ Unconcerned about quality or quantity of output.

\_\_\_ Frequently says he or she is dissatisfied.

\_\_\_ Does not initiate change or request work or challenges.

**Lower Job Quality/Performance**

\_\_\_ Misses deadlines.

\_\_\_ Mistakes due to inattention.

\_\_\_ Increased errors.

\_\_\_ Fails to follow procedures.

\_\_\_ Wastes material.

\_\_\_ Doesn’t take time to do the job right.

\_\_\_ Makes poor decisions.

\_\_\_ Co-workers or customers complain.

\_\_\_ Improbable excuses for poor job performance.

\_\_\_ Mismanages budget.

\_\_\_ Co-workers cover for his or her work responsibilities.

**Checklist: Recognizing Job Performance Problems, Page 3**

**Lower Quantity/Productivity**

\_\_\_ Inconsistent work pace.

\_\_\_ Overwhelmed by realistic workload.

\_\_\_ Consistently falls behind in work.

\_\_\_ Doesn’t keep commitments.

\_\_\_ Unavailable for extra work.

\_\_\_ Takes longer and longer to do the same job.

**Reduced Job Knowledge/Technical Skill**

\_\_\_ Doesn’t know work tasks.

\_\_\_ Unable to work independently.

\_\_\_ Frequently needs instruction.

\_\_\_ Doesn’t use equipment properly.

**Poor Relationships on the Job**

\_\_\_ Over-reaction to real or imagined criticism.

\_\_\_ Wide swings in morale and motivation.

\_\_\_ Borrowing money from co-workers.

\_\_\_ Unreasonable resentments.

\_\_\_ Unable to work with others.

\_\_\_ Uses employee time and skills inefficiently.

\_\_\_ Frequent complaints from co-workers.

\_\_\_ Avoids professional activities or training.

**Reasonable Suspicion Checklist, Page 1**

**Name of Observed Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time \_\_\_\_\_\_\_ a.m. \_\_\_\_\_\_\_ p.m. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or

manager observing the behavior as well as another supervisor/manager as witness, if possible,

must complete the checklist below. Where “Other” is checked, please describe.

Observation Checklist

**Walking:** \_\_\_ Holding on \_\_\_ Stumbling \_\_\_ Unable to walk

\_\_\_ Unsteady \_\_\_ Staggering \_\_\_ Swaying

\_\_\_ Falling \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Standing:** \_\_\_ Swaying \_\_\_ Feet wide apart \_\_\_ Unable to stand

\_\_\_ Rigid \_\_\_ Staggering \_\_\_ Sagging at knees

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Speech:** \_\_\_ Whispering \_\_\_ Slurred \_\_\_ Shouting

\_\_\_ Incoherent \_\_\_ Slobbering \_\_\_ Silent

\_\_\_ Rambling \_\_\_ Mute \_\_\_ Slow

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demeanor:** \_\_\_ Cooperative \_\_\_ Calm \_\_\_ Talkative \_\_\_ Polite

\_\_\_ Sarcastic \_\_\_ Sleepy \_\_\_ Crying \_\_\_ Silent

\_\_\_ Sleeping on job \_\_\_ Argumentative \_\_\_ Excited

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Actions:** \_\_\_ Hostile \_\_\_ Fighting \_\_\_ Profanity \_\_\_ Drowsy

\_\_\_ Threatening \_\_\_ Hyperactive \_\_\_ Erratic \_\_\_ Calm

\_\_\_ Resisting communication \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eyes:** \_\_\_ Bloodshot \_\_\_ Watery \_\_\_ Droopy \_\_\_ Dilated

\_\_\_ Glassy \_\_\_ Closed \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Face:** \_\_\_ Flushed \_\_\_ Pale \_\_\_ Sweaty

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appearance/** \_\_\_ Neat \_\_\_ Unruly \_\_\_ Messy \_\_\_ Dirty

**Clothing:** \_\_\_ Stains on clothing \_\_\_ Having odor \_\_\_ Partially dressed

\_\_\_ Bodily excrement stains \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breath:** \_\_\_ No alcoholic odor \_\_\_ Faint alcoholic odor

\_\_\_ Alcoholic odor \_\_\_ Sweet/pungent tobacco odor

\_\_\_ Heavy usage, breath spray \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasonable Suspicion Checklist: Page 2**

**Movements:** \_\_\_ Fumbling \_\_\_ Jerky \_\_\_ Nervous

\_\_\_ Slow \_\_\_ Normal \_\_\_ Hyperactive

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eating** \_\_\_ Gum \_\_\_ Candy \_\_\_ Mints

**Chewing:** \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous:**\_\_\_ Presence of alcohol and/or drugs in associate’s possession or vicinity

\_\_\_ On-the-job misconduct by employee

\_\_\_ Employee admission concerning alcohol use and/or drug use or possession

\_\_\_ If there are witnesses to employee’s conduct, list below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other Observations: (if accident, provide details)**

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**Employee’s Explanation of Reasons for His/Her Conduct:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Once above portion of form has completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow company procedures as outlined in our drug-free policy.**

\_\_\_ Employee has agreed to testing (Check one) \_\_\_ Employee has not agreed to testing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Manager Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date