

### Reasonable Suspicion Process

#### STEPS TO PERFORMING A REASONABLE SUSPICION TEST:

- Identify problem and observe
- Document your findings by completing the Reasonable Suspicion Form

#### SEND THE REASONABLE SUSPICION FORM TO HR FOR APPROVAL BEFORE MEETING WITH EMPLOYEE & SCHEDULING TESTING

#### **From this point on the employee is not to be left unattended**

- Meet the employee in private
- Tell employee what was observed to be abnormal
- Ask employee why he/she appears abnormal
- Act on medical concerns immediately
- Inform employee that supervisors are required to act when there is reasonable suspicion to believe the County's drug and alcohol policies have been violated
- Inform employee that the County policy requires testing. A copy of the policy can be given to the employee if necessary
- Inform employee of the consequences of refusal to test
- Maintain confidentiality and make employee aware that you will do so

#### **Testing (drug and/or alcohol)**

- Arrange escorted transportation of employee to collection site
- Arrange transportation of employee back to their home
- Employee remains off duty, on paid administrative leave, until test results come back

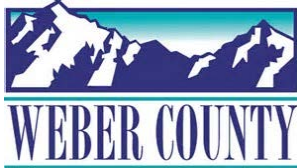
#### **Locations for testing:**

Intermountain Ogden WorkMed, 1355 Hinckley Dr. Ogden, UT 84401

Phone: 801-387-6150

After Hours: McKay Dee Hospital, 4401 Harrison Blvd, Ogden, UT 84403

Phone: 801-387-2800



**Reasonable Suspicion Form**

Employee Name: _____	Employee ID #: _____
Department: _____	Observation Date/Times: _____

**Reasonable suspicion of current use or impairment by:**  Alcohol  Drugs  Both

**CAUSE FOR SUSPICION:**

**Appearance:**

- Normal  Flushed  Puncture Marks  Disheveled  Bloodshot Eyes  Tremors
- Dry Mouth  Dilated/Constricted Pupils  Profuse Sweating  Runny Nose/Sores/Sniffing
- Inappropriate Wearing of Sunglasses  Odor of: \_\_\_\_\_  Other: \_\_\_\_\_

**Behavior: Speech:**

- Normal  Incoherent  Slurred  Silent  Confused  Slow  Loud  Whispering/Soft
- Inappropriate Comments  Other: \_\_\_\_\_

**Behavior: Awareness**

- Normal  Confused  Euphoria  Lethargic  Disoriented  Other: \_\_\_\_\_

**Behavior: Other**

- Mood Swings  Poor Memory  Secretive  Aggressive/Violent  Paranoid/Distrustful
- Disruptive  Unsafe Acts  Excessive Fatigue  Poor Comprehension  Poor Performance
- Presence of Drug Paraphernalia  Other: \_\_\_\_\_

**Motor Skills: Balance and Walking**

- Normal  Swaying  Head Bobbing  Falling  Stagger/Stumbling  Arms Raised for Balance
- Reaching for Support  Wide-Based Gait  Other: \_\_\_\_\_

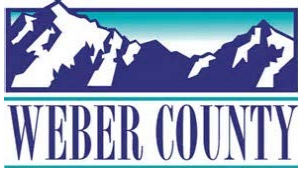
**Motor Skills: Other**

- Dropping Objects  Lack of Coordination  Slowed Reaction Time  Over Reaction
- Other: \_\_\_\_\_

**Other Observable Actions of Behavior (Specify):** \_\_\_\_\_

**Check if the following conditions are met:**

Observations are specific, current, and describable and based on the appearance, behavior, speech, or body odors of the individual.



Testing observations are made during, just preceding, or just after the individual is required to be in compliance with Weber County policies.

**If employee is unable to provide an alcohol or drug test within 2 hours of reasonable suspicion determination, state reasons:** \_\_\_\_\_

**If employee refuses to provide an alcohol or drug test, cease attempts to test, state reasons, and contact HR:** \_\_\_\_\_

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**Supervisor's Name** **Signature** **Date**

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**HR Generalist Name** **Signature** **Date**