<u>CITY OF LAREDO</u> <u>REASONABLE SUSPICION OBSERVATION FORM</u> (STRICTLY CONFIDENTIAL)

(Please Print) EMPLOYEE NAME:
LAST FOUR DIGITS OF SOCIAL SECURITY NO
DATE &TIME OF INCIDENT:
NAME OF SUPERVISOR #1:
NAME OF SUPERVISOR #2:

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of drugs, alcohol and/or inhalants. The Supervisor(s) shall note, in writing, all pertinent behavior and physical signs or symptoms which lead him/her to reasonably believe that the employee has recently used or is under the influence of, a prohibited substance such as a drugs, alcohol and/or inhalants.

Mark each applicable item on this form and any additional facts or circumstances which you have noted.

A. NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- 1. Observed/reported possession or use of drugs, alcohol and/or inhalants or prohibited controlled substance.
- 2. Apparent use of drugs, inhalants and/or alcohol intoxication.
- 3. Observed abnormal or erratic behavior
- 4. Arrest or conviction for drug and/or alcohol or prohibited controlled substance related offense
- 5. Evidence of tampering on a previous drug test
- 6. Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (Please specify).

Form DA1

B. UNUSUAL BEHAVIOR

- () 1. Verbal abusiveness
- () 2. Physical abusiveness
- () 3. Extreme aggressiveness or agitation
- () 4. Withdrawal, depression, mood changes, or unresponsiveness
- () 5. Inappropriate verbal response to questioning or instructions
- () 6. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion) Please specify.

C. PHYSICAL SIGNS OR SYMPTOMS

- () 1. glassy or bloodshot eyes
- () 2. slurred speech
- () 3. impaired physical coordination and poor reflexes
- () 4. abnormal, erratic, or bizarre behavior
- () 5. unprovoked fighting or combative behavior
- () 6. smell of alcohol on breath or smell of marijuana or smell of inhalant
- () 7. unsteady gait
- () 8. possession of drugs, alcohol or inhalant
- () 9. admission of intoxication or being under the influence of illegal drugs, alcohol or inhalants while on the job
- () 10. direct observation of drugs, alcohol or inhalant use

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D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

Transportation Offered to the Employee Transportation Refused	_YESNO _YESNO
SUPERVISOR'S SIGNATURE DATE	PRINTED NAME
Recommend Testing:	_YESNO
Approval: Division Manager/designee	Department Director/designee

Form DA1