

## Attachment C

### Reasonable Suspicion Alcohol/Drug Testing

#### Behavior/Incident Documentation Form

Work Unit: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

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

Date of Observation: \_\_\_\_\_ Time: \_\_\_\_\_ Length of Time Observed: \_\_\_\_\_

Observed By: \_\_\_\_\_

Additional Witness(es): \_\_\_\_\_

Description of Behavior/Incident: \_\_\_\_\_

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

1. The behavior I observed includes:

\_\_\_\_\_ Performance Indicators, specifically: \_\_\_\_\_

\_\_\_\_\_

AND the following observations:

\_\_\_\_\_ Behavior/Conduct: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Speech Indicators: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Appearance/Physical Indicators: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Body Odors: \_\_\_\_\_

\_\_\_\_\_

2. (For DOT Covered/Regulated employees) The observations occurred:

\_\_\_\_\_ Within the four (4) hours of the employee performing a safety-sensitive function.

\_\_\_\_\_ During the time the employee was performing a safety-sensitive function.

\_\_\_\_\_ Immediately after the employee performed a safety-sensitive function.

\_\_\_\_\_ Other

**Referred for:**    ☐ Alcohol Test    ☐ Drug Test    ☐ Both

**Employee:**    ☐ Agreed to Testing    ☐ Refused Testing

**Means of Transportation to Collection Site:** \_\_\_\_\_

**Name of Collection Site:** \_\_\_\_\_

**Address of Collection Site:** \_\_\_\_\_

**Time Departed Work Site:** \_\_\_\_\_    **Scheduled Appointment Time:** \_\_\_\_\_

**Signature of Referring Official:** \_\_\_\_\_

*I understand that I have been referred for a reasonable suspicion drug and/or alcohol test and must immediately report for testing. I understand that my failure to complete the drug and/ or alcohol testing process will result in my separation from employment.*

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If Employee Refused Testing:**

**Were local law enforcement authorities contacted:** ☐ Yes    ☐ No

**If Yes, the name of the agency contacted and responding officer:**

\_\_\_\_\_

**Did employee leave worksite ?** ☐ Yes    ☐ No

**If Yes, circumstances:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did employee leave in his/her own vehicle ?** ☐ Yes    ☐ No    ☐ Unknown