



Reasonable Suspicion Behavior/ Incident Documentation Form

MCPS Form 338-1
November 2010

Office of Human Resources and Development
MONTGOMERY COUNTY PUBLIC SCHOOLS
7361 Calhoun Place, Suite 401 • Rockville, Maryland 20855

Department/work location _____

Location of incident _____

Employee name _____ Employee ID# _____
Last First MI

Date of observation ____/____/____ Time ____:____ Length of time observed ____:____

Supervisor recording observations _____ Title _____

Nature of Incident/Cause for Suspicion

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

Physical Signs or Symptoms

- Possessing, dispensing, or using controlled substance
- Slurred or incoherent speech
- Unsteady gait or other loss of physical control; poor coordination
- Dilated or constricted pupils or unusual eye movement
- Bloodshot or watery eyes
- Extreme fatigue or sleeping on the job
- Excessive sweating or clamminess to the skin
- Flushed or very pale face
- Highly excited or nervous
- Nausea or vomiting
- Odor of alcohol
- Odor of marijuana
- Dry mouth (frequent swallowing/lip wetting)
- Dizziness or fainting
- Shaking hands or body tremors/twitching
- Irregular or difficult breathing
- Runny sores or sores around nostrils
- Inappropriate wearing of sunglasses
- Puncture marks or tracks
- Other: please specify: _____

Unusual Behavior

- Verbal abusiveness
- Physical abusiveness
- Extreme aggressiveness or agitation
- Withdrawal, depression, mood changes, or unresponsiveness
- Inappropriate verbal response to questioning or instructions
- Other erratic or inappropriate behavior: please specify (e.g., hallucinations, disorientation, excessive euphoria, confusion)

Was employee taken for drug/alcohol test? Yes No

If no, why not? _____

Did the employee leave the work place on his/her own? Yes No

Circumstances of employee's departure _____

Time left ____:____ Location _____ Vehicle (if any) _____

Vehicle license # _____ Were local authorities called? Yes No

Name of authority notified _____

Other person(s) observing departure _____

Written Summary: Please summarize any facts not previously noted and employee response

_____/_____/_____
Signature, Employee Date Signature, Supervisor Date