THOMPSON SCHOOL DISTRICT
REASONABLE SUSPICION CHECKLIST AND TESTING REFERRAL FORM

Note to Supervisor: 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. **Read further instructions on back page.**

Name of Observed Employee _____ Job Title _____
Name of Supervisor _____ Job Title _____
Date/Time of Determination: _____ AM _____ PM _____
Name(s) of Witness(es) to employee's conduct: _____

_____

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
_____ Sleeping on job _____ Argumentative _____ Excited
_____ Other _____

Actions:
_____ Hostile _____ Fighting _____ Profanity _____ Drowsy
_____ Threatening _____ Hyperactive _____ Erratic _____ Calm
_____ Resisting communication
_____ Other _____

Eyes:
_____ Bloodshot _____ Watery _____ Droopy _____ Dilated
_____ Glassy
_____ Other _____

Face:
_____ Flushed _____ Pale _____ Sweaty
_____ Other _____

Breath:
_____ No alcoholic odor _____ Faint alcoholic odor _____ Alcoholic odor
_____ Sweet/pungent tobacco odor _____ Heavy usage, breath spray
_____ Other _____

Movement:
_____ Fumbling _____ Jerky _____ Nervous
_____ Slow _____ Normal _____ Hyperactive
_____ Other _____

Eating/
Chewing:
_____ Gum _____ Candy _____ Mints
_____ Other _____

Appearance/
Clothing: _____ Neat _____Unruly _____Messy _____Dirty
_____ Having odor _____Partially dressed _____Stains on clothing
_____ Bodily excrement stains
_____ Other_____

Miscellaneous_____Presence of alcohol and/or drugs in employee's possession or vicinity
_____ On the job misconduct by employee
_____ Employee admission concerning alcohol use and/or drug us or possession

Other Observations: (if accident, provide details)

_____
_____
_____
_____
_____
_____
_____

Employee's Explanation or Reasons for His/Her Conduct:

_____
_____
_____
_____
_____
_____
_____
_____
_____

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

(Check One)

_____Employee has agreed to testing _____Employee has not agreed to testing

_____ _____
Supervisor/Manager Signature Date

_____ _____
Witness Signature Date

Instructions to Supervisor:

Conduct the employee interview in a private setting, mindful of the dignity and confidentiality rights of the employee.

Share your observations and the indicators that were noted on the reasonable suspicion checklist with the employee. **Important: do not try to diagnose abuse or addiction or identify the specific drug associated with the employee's behavior or appearance.**

Once a reasonable suspicion testing determination has been made, immediately remove the employee from performing his or her duties and notify the employee that he or she will remain off work until the test results are known**. If the employee is unwilling to submit to a reasonable suspicion drug or alcohol test, contact your supervisor or the Executive Director of Human Resources and ask for assistance.**

Arrange for transportation and accompany the employee to the collection site for testing without delay.

Federal regulations, which apply to employees who hold a Commercial Driver's License or perform safety sensitive functions, require that an alcohol test for reasonable suspicion is to be administered within two hours of a determination there may be cause for reasonable suspicion; attempts to conduct a reasonable suspicion alcohol test will terminate after eight hours and the supervisor will document the reason for the inability to conduct the test. This standard would also be applied to any situation involving a reasonable suspicion of alcohol use during work hours.

Please use the space below to document any delays or inability to test.

_____

_____

_____

Reasonable Suspicion Tests

Test must be conducted when a properly-trained supervisor or District official has reasonable suspicion that the employee has violated the District's alcohol or controlled substance prohibitions. This reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the employee's performance, appearance, behavior, speech and/or body odors. The observations may include indications of chronic and withdrawal effects of controlled substances.

Alcohol tests will be authorized for reasonable suspicion only if the required observations are made during, just before or just after the period of the work day when the employee must comply with alcohol prohibitions (see Drug Free Workplace policy GBEC). Federal regulations, which apply to employees who hold a Commercial Driver's License or perform safety sensitive functions, require that an alcohol test for reasonable suspicion is to be administered within two hours of a determination there may be cause for reasonable suspicion; attempts to conduct a reasonable suspicion alcohol test will terminate after eight hours. This standard would also be applied to any situation involving a reasonable suspicion of alcohol use during work hours.

A supervisor or District official who makes a finding of reasonable suspicion also must make a written record of his observations leading to the reasonable suspicion alcohol or controlled substance within 24 hours of the observed behavior or before the results of the alcohol or controlled substance test are released, whichever is earlier.

Testing Arrangements and Locations

If the determination to test is made, please contact Bill Siebers, Executive Director of Human Resources at 613-5012.

OIKOS
2529 N. Lincoln Ave, Suite C
Loveland, CO 80538

24/7 Response Capability
Call for Appointment
(970) 227-9583

Banner Occupational Health
Monday – Friday 7:30 am – 6pm
Walk-in or call for appointment
1703 E 18th Street Suite 4
Loveland, CO 80538
(970) 278-4580