STEPS TO PERFORMING A REASONABLE SUSPICION TEST

- ☐ Identify problem and observe.
- ☐ Act on medical concerns immediately. Consider possible medical conditions such as diabetes, epilepsy, stroke, etc. If this is a possibility, call 911 immediately.
- ☐ Document your findings within 24 hours of reasonably suspecting a violation of district policy.
- ☐ Meet with the employee in private to discuss observations and findings. Involve a witness.
- ☐ Tell employee what was observed and felt to be abnormal.
- ☐ Ask employee why they appear to be behaving abnormally.
- ☐ Inform employee that supervisors are required to act when there is reasonable suspicion to believe the District's drug and/or alcohol prohibitions have been violated.
- ☐ Inform employee that District policy permits drug and/or alcohol testing when there is reasonable suspicion that an employee is in violation of the drug and/or alcohol use policy.
- ☐ Inform employee of the consequences of refusal to test: An employee who refuses to submit to a drug and/or alcohol test or who violates any aspect of these guidelines may be subject to disciplinary action up to and including termination.
- ☐ Have employee agree to be tested and complete the district consent form prior to obtaining drug and/or alcohol test.
- ☐ Arrange transport of employee to collection site. If a district supervisor is transporting, ensure a second district employee is available to go along. (Do not let the employee self-transport.)

  Under no circumstances shall an employee be required to transport an employee exhibiting violent or threatening behavior. In such cases, the responsible employee shall immediately contact the appropriate law enforcement agency.
- ☐ Arrange transport of employee to home. (Do not let the employee self-transport)
- ☐ Discuss the positive test results with employee and any resulting disciplinary action.
- ☐ Maintain confidentiality as required throughout process.

Supervisor/Administrator Written Summary of Observation and Screening

_____

_____

_____

_____

_____ _____

Signature (Supervisor/Administrator) Date