



DRUG FREE
WORKPLACE PA
& Family Education
www.drugfreeworkplacepa.org

Sample Forms

Included in this section are the DFWP Program forms and several sample forms for employers to refer to as they create the appropriate forms for their company policy and program.

- Reasonable Cause Guidelines/Tips – Supervisor Intervention
- Observed Behavior – Reasonable Cause Record
- Checklist: Recognizing Job Performance Problems
- Reasonable Suspicion Checklist



Reasonable Cause Guidelines/Tips - Supervisor Intervention

Supervisor Guideline Steps:

Disclaimer: This guideline does not supersede your company policy. Always check with your policy before continuing!

- Document event/behavior on Reasonable Suspicion Checklist Behavior/Situation as it relates to job performance & sign bottom of form
- Contact employee’s direct supervisors to inform of situation
- Have another supervisor witness behaviors & document situation
- Read script to employee with another supervisor present
- Drive employee to collection site or contact mobile testing – **employee is not allowed to drive themselves**
- If employee leaves in private vehicle against supervisor’s instruction – designated employer representative or supervisor should notify authorities
- Wait with employee while testing is completed
- Return employee to work location & offer to contact family member to pick them up
- After test results are received (allow 24 hours for results) schedule meeting with employee to discuss next steps/complete employee agreement

For DOT regulated companies:

Time is Critical: DOT Regulations require that following a reasonable suspicion alcohol test should be performed within 2 hours of the determination and no later than 8 hours. Documentation must exist of efforts to complete this requirement after the first 2 hours. Urine collection for a drug test must be performed within 32 hours from the determination or document the reason for no collection.

Supervisor Intervention Tips:

Do Not...	Do...
Diagnose	Know the policy
Moralize	Focus on job performance
Be overly sympathetic	Be specific
Cover up	Be respectful
Talk about with others	Document

Reasonable Cause Script:

(_____) (employee name), as you know we have a Drug and Alcohol Testing Program Policy and as an employee you have agreed to abide by its policy to prevent drug and alcohol abuse in the workplace.

At this time, as your supervisor, I am instructing you that a reasonable cause determination of drug or alcohol use has been made and you must submit to a drug test and/or breath alcohol test at this time. A representative will go with you to the collection facility.

Observed Behavior Reasonable Cause Record, Page 1

Employee Name _____

Identification Number: _____

Observation: Date _____ Time: (_____ a.m./p.m. to _____ a.m./p.m.)

Location: _____

(Street Address)

(City)

(State) (ZIP Code)

CAUSE FOR SUSPICION

1. Presence of Drugs and/or Drug Paraphernalia (specify):

2. Appearance:

- Normal
- Disheveled
- Dilated/constricted pupils
- Dry-mouth symptoms
- Flushed
- Bloodshot eyes
- Profuse sweating
- Runny nose
- Nose sores
- Puncture marks
- Inappropriate wearing of sunglasses
- Tremors
- Other (describe) _____

3. Behavior:

(Speech):

- Normal
- Confused
- Incoherent
- Slowed
- Slurred
- Silent
- Whispering
- Other (describe) _____

(Awareness):

- Normal
- Lethargic
- Confused
- Lack of coordination

Observed Behavior Reasonable Cause Record, Page 2

(Awareness, contd.):

- Mood swings
- Paranoid
- Euphoric

- Disoriented
- Other (describe) _____

4. Motor Skills:

(Balance):

- Normal
- Swaying
- Falling
- Staggering
- Other (describe) _____

(Walking and Turning):

- Normal
- Stumbling
- Swaying
- Falling
- Arms raised for balance
- Reaching for support
- Other (describe) _____

5. Other Observed Actions or Behavior (specify):

Witnessed by:

_____ a.m./p.m.
 (Signature) (Title) (Time)

_____ a.m./p.m.
 (Signature) (Title) (Time)

This document should be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results are released, whichever is earlier.

Checklist: Recognizing Job Performance Problems, Page 1

Are the performance problems:

- Persistent and ongoing?
- Affecting work efficiency and productivity?
- A change from the employee's usual behavior?

Absenteeism

___ Multiple instances of unauthorized leave.

- ___ Excessive use of sick leave.
- ___ Frequent Monday/Friday absences.
- ___ Excessive tardiness, especially on Monday mornings or after lunch.
- ___ Leaving work early.
- ___ Peculiar and increasingly unbelievable excuses for absences.
- ___ Higher absence rate for medical problems such as colds, influenza, stomach problems.
- ___ Frequent, unscheduled short-term absences.

On-the-Job Absenteeism

- ___ Continued absences from work site.
- ___ Long coffee breaks.
- ___ Physical illness on the job.
- ___ Frequent trips to the bathroom.
- ___ Sleeping or dozing off on the job.

High Accident Rate

- ___ Accidents on the job and more accident claims than the “norm.”
- ___ Near accidents on the job.
- ___ Accidents off the job.
- ___ Failure to wear safety gear.
- ___ Complaints from co-workers regarding disregard of safety standards.

Difficulty Concentrating

- ___ Work requires greater effort.
- ___ Job takes more time.

Confusion

- ___ Trouble recalling instructions, details, etc.
- ___ Increasing difficulty handling complex assignments.
- ___ Trouble recalling his/her own mistakes.
- ___ Gives conflicting information or instructions.
- ___ Has trouble coordinating schedules.

Checklist: Recognizing Job Performance Problems, Page 2

Inconsistent Work Patterns

- ___ Alternate periods of high and low productivity.
- ___ Submission of incomplete reports and data.

Reporting Unfit for Work

- ___ Comes to work in an obviously unfit condition (glazed eyes, yawning, slurred speech, unsteady gait, sleepiness).

Changes in Personal Habits

- ___ Different behavior after lunch than before.
- ___ Decreased attention to appearance or personal hygiene.

Erratic Behavior

- Withdrawn or improperly talkative.
- Argumentative.
- Displays violent behavior.
- Has exaggerated sense of self-importance.
- Spends excessive amount of time on the telephone.
- Irritable.
- Depressed or highly emotional.

Motivation

- Less commitment to the job.
- Unconcerned about quality or quantity of output.
- Frequently says he or she is dissatisfied.
- Does not initiate change or request work or challenges.

Lower Job Quality/Performance

- Misses deadlines.
- Mistakes due to inattention.
- Increased errors.
- Fails to follow procedures.
- Wastes material.
- Doesn't take time to do the job right.
- Makes poor decisions.
- Co-workers or customers complain.
- Improbable excuses for poor job performance.
- Mismanages budget.
- Co-workers cover for his or her work responsibilities.

Checklist: Recognizing Job Performance Problems, Page 3

Lower Quantity/Productivity

- Inconsistent work pace.
- Overwhelmed by realistic workload.
- Consistently falls behind in work.
- Doesn't keep commitments.
- Unavailable for extra work.
- Takes longer and longer to do the same job.

Reduced Job Knowledge/Technical Skill

- Doesn't know work tasks.
- Unable to work independently.
- Frequently needs instruction.
- Doesn't use equipment properly.

Poor Relationships on the Job

- Over-reaction to real or imagined criticism.
- Wide swings in morale and motivation.

- Borrowing money from co-workers.
- Unreasonable resentments.
- Unable to work with others.
- Uses employee time and skills inefficiently.
- Frequent complaints from co-workers.
- Avoids professional activities or training.

Reasonable Suspicion Checklist, Page 1

Name of Observed Employee _____

Location _____

Time _____ a.m. _____ p.m. Date _____

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.

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 ___ Silent
 ___ Sleeping on job ___ Argumentative ___ Excited
 ___ Other _____

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

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

Face: ___ Flushed ___ Pale ___ Sweaty
 ___ Other _____

**Appearance/
Clothing:** ___ Neat ___ Unruly ___ Messy ___ Dirty
 ___ Stains on clothing ___ Having odor ___ Partially dressed
 ___ Bodily excrement stains ___ Other _____

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

Reasonable Suspicion Checklist: Page 2

Movements: ___ Fumbling ___ Jerky ___ Nervous
 ___ Slow ___ Normal ___ Hyperactive

___ Other _____

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

Miscellaneous: ___ Presence of alcohol and/or drugs in associate's possession or vicinity
___ On-the-job misconduct by employee
___ Employee admission concerning alcohol use and/or drug use or possession
___ If there are witnesses to employee's conduct, list below:

Other Observations: (if accident, provide details)

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

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

___ Employee has agreed to testing (Check one) ___ Employee has not agreed to testing

Supervisor/Manager Signature

Date

Witness Signature

Date