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Legal References:

DRUG-FREE WORKPLACE REASONABLE SUSPICION WORKSHEET

Supervisor can use this form to record observations of physical, behavioral, and work performance indicators of a possible drug or alcohol abuse problem. If possible, another supervisor should confirm the reasonable suspicion.

Name of Employee Observed: _____

Date & Time of Observation: _____

Location of Observation: _____

PHYSICAL INDICATORS (Check all that apply)

Dilated Pupils Burns on hands Bloodshot eyes
 Tremors Needle marks on arms Breath odor
 Bruises Constant runny nose Constant itching

Other (describe): _____

BEHAVIORAL INDICATORS (Check all that apply)

Emotionally unstable Nervousness Irritability Sleepy
 Unusually talkative Paranoid Withdrawn Confused
 Slurred Speech Other (describe): _____

WORK PERFORMANCE INDICATORS (Check all that apply)

Leaving without permission Excessive tardiness
 Consistent long lunch breaks Frequent trips to restroom
 Repeated mistakes Accident-prone
 Complaints from coworkers

Other observed behavioral indicators: _____

SUPERVISOR INFORMATION

Name: _____ Title: _____

Signature: _____ Date: _____

CONFIRMING SUPERVISOR INFORMATION (if available)

Name: _____ Title: _____

Signature: _____ Date: _____