

**CITY OF MURRAY, KENTUCKY
DRUG & ALCOHOL-FREE WORKPLACE POLICY
OBSERVED BEHAVIOR/REASONABLE SUSPICION FORM**

This form shall be completed and signed by the person suspecting an employee of controlled substance and/or alcohol abuse during working hours, on City property or off City property while working on City business. It is extremely important that **all signs and symptoms** be checked which apply. Add any other pertinent information which applies in the space provided on the last page. This form is to be reviewed by the employee's supervisor/department director to determine if reasonable suspicion testing is warranted. The suspecting employee and his/her supervisor shall sign, date and forward the form to the Human Resources Coordinator or her/his designee for further consideration/investigation.

NOTE: DO NOT DISCUSS ANOTHER EMPLOYEE'S SUSPECTED DRUG/ALCOHOL USAGE WITH THAT EMPLOYEE UNLESS THEIR ACTIONS DIRECTLY AFFECT YOUR PERSONAL SAFETY OR THE SAFETY OF OTHERS. IN ALL CASES, IT IS THE RESPONSIBILITY OF THE EMPLOYEE'S SUPERVISOR, DEPARTMENT DIRECTOR OR THE HUMAN RESOURCES COORDINATOR OR HER/HIS DESIGNEE TO DEAL DIRECTLY WITH THE SUSPECTED EMPLOYEE.

Physical Signs or Symptoms

1. _____ Possessing, dispensing, selling, or using prohibited substances
2. _____ Slurred or incoherent speech
3. _____ Unusual, unsteady gait or other loss of physical control, poor coordination
4. _____ Dilated or constricted pupils or unusual eye movement
5. _____ Bloodshot or watery eyes
6. _____ Obvious extreme fatigue or sleeping on the job
7. _____ Excessive sweating or clamminess of skin
8. _____ Flushed or very pale face
9. _____ Highly excited or nervous
10. _____ Recurrent nausea or vomiting
11. _____ Odor of marijuana
12. _____ Odor of alcohol on breath
13. _____ Disheveled appearance or out of uniform
14. _____ Dry mouth (frequent swallowing/lip wetting)
15. _____ Unusual shaking hands or body tremors/twitching
16. _____ Breathing irregularity or difficulty breathing
17. _____ Runny nose or sores around nostrils not associated with other respiratory infection
18. _____ Puncture marks or "tracks"
19. _____ Inappropriate wearing of sunglasses or of long sleeve garments
20. _____ Other (please specify)

General Job Performance

1. _____ Excessive unauthorized absences – (number in last 12 months _____)
2. _____ Frequent Monday/Friday absences or other unusual attendance patterns
3. _____ Increase in concern about, or actual incidents of safety offences involving the employee (list incidents on back of sheet)
4. _____ Inability to follow through on job performance recommendations
_____ Other (please specify)

Personal Matters

1. _____ Change in or unusual speech (incoherent, stuttering, loud)
2. _____ Changes in or unusual physical mannerisms (gestures, postures)
3. _____ Changes in or unusual level of activity: much reduced _____
or increased _____
4. _____ Increasingly irritable or tearful
5. _____ Unpredictable or unusual out-of-context displays of emotion
6. _____ Episodes of unusual fear or paranoia
7. _____ Lacks appropriate caution
8. _____ Engages in detailed discussion about obtaining, selling or using drugs
9. _____ Makes unfounded accusations toward others, has feelings of persecution
10. _____ Secretive or furtive
11. _____ Memory problems (difficulty recalling instructions, data, past behaviors)
12. _____ Makes unreliable or false statements
13. _____ Unrealistic self-appraisal or grandiose statements
14. _____ Temper tantrums or angry outbursts
15. _____ Major change in physical health with no known cause
16. _____ Other (please specify)

Written Summary

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please attach any additional documentation related to this reasonable suspicion of the use of controlled substances or alcohol.

Suspecting Person's Signature

Date/Time

Supervisor's Signature

Date/Time

Human Resources Coordinator's Signature

Date/Time