

## DETERMINING REASONABLE CAUSE

When dealing with an employee who is reporting for duty, on duty, or immediately after duty and who you believe is under the influence of drugs or alcohol you must consider the questions below;

**[Y][N]**

Has some form of impairment been shown in the employee's appearance, actions or work performance? i.e. Slurred speech, unsteady on feet, yelling, fighting, etc.

Does the impairment result from the possible use of drugs or alcohol? (Do you have reasonable grounds to believe that the subject was using a drug or alcohol? i.e. odor, witness, admission, physical signs, etc.)

Are the facts reliable? Did you witness the situation personally, or are you sure that the witness(s) are reliable and have provided firsthand information?

Are the facts plausible? (Capable of explanation)

Are the facts capable of documentation? (Can you document dates, approx. times, names, locations etc.)

Is the impairment current, today, now while on the job or Company property?

Do NOT proceed with reasonable cause testing unless all of the above questions are answered with a YES.

If you can answer yes to the all the questions above then take appropriate action and fill out the form attached. This form is to be handed into the Program Manager who is in charge of your program in your area. Remember this form and the attached form/check list is confidential when filled out.

Date: _____ Time of Incident: _____
Employee Name: _____
Employee #: _____
Division: _____
Supervisor Name: _____
Supervisor Signature: _____

**To arrange a drug and alcohol test simply call CannAmm Drug & Alcohol Testing at 800-440-0023 anytime.**

## REASONABLE CAUSE OBSERVATION CHECKLIST

(Strictly **Confidential** when filled out)

EMPLOYEE:

LOCATION:

TIME:

SUPERVISOR #1, NAME AND TELEPHONE:

This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behaviors? Circle the appropriate items.

### OBSERVATIONS

Breath: (odor of alcoholic beverage)

Strong  
Moderate

Faint  
None

Eyes:

Bloodshot  
Watery  
Fixed Pupils

Glassy  
Heavy Eyelids  
Dilated Pupils

Normal  
Clear  
Constricted Pupils

Speech:

Confused  
Good  
Fair  
Other: \_\_\_\_\_

Stuttered  
Thick Tongued  
Deliberate

Slurred  
Mumbled

Attitude:

Excited  
Hilarious  
Talkative  
Care Free  
Other: \_\_\_\_\_

Combative  
Indifferent  
Insulting  
Cooperative

Cocky  
Sleepy  
Polite  
Profane

Unusual Action:

Hiccuping  
Laughing  
Other: \_\_\_\_\_

Belching  
Vomiting

Crying  
Fighting

Balance:

Falling  
Swaying  
Other: \_\_\_\_\_

Staggering  
Unsteady

Stumbling

Walking:

Falling  
Swaying

Staggering  
Other: \_\_\_\_\_

Stumbling

Turning:

Falling  
Stumbling  
Other: \_\_\_\_\_

Staggering  
Hesitant

Swaying

Indicate any other unusual actions or statements: \_\_\_\_\_

Signs or complaints of illness or injury \_\_\_\_\_



Signature Supervisor #1  
Date:  
Long Term Indicators

Signature Supervisor #2  
Date:

**REASONABLE CAUSE OBSERVATION CHECKLIST**  
(Strictly **Confidential** when filled out)

EMPLOYEE:

PERIOD OF EVALUATION:

SUPERVISOR #1, NAME AND TELEPHONE:

SUPERVISOR #2, NAME AND TELEPHONE:

This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behaviors? **Indicate (D) if documentation exists.**

**A. QUALITY AND QUANTITY OF WORK**

**YES NO**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 1. Clear refusal to do assigned tasks.                           |
| ___ | ___ | 2. Significant increase in errors.                               |
| ___ | ___ | 3. Repeated errors in spite of increased guidance.               |
| ___ | ___ | 4. Reduced quantity of work.                                     |
| ___ | ___ | 5. Inconsistent, "up and down" quantity or quality of work.      |
| ___ | ___ | 6. Behavior that disrupts work flow.                             |
| ___ | ___ | 7. Procrastination on significant decisions or tasks.            |
| ___ | ___ | 8. More than usual supervision necessary.                        |
| ___ | ___ | 9. Frequent, unsupported explanations for poor work performance. |
| ___ | ___ | 10. Other (please specify)                                       |

**B. INTERPERSONAL WORK RELATIONSHIP**

**YES NO**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 1. Significant change in relations with co-workers, supervisors, others.   |
| ___ | ___ | 2. Frequent or intense arguments.  |
| ___ | ___ | 3. Verbal abusiveness.   |
| ___ | ___ | 4. Physical abusiveness.   |
| ___ | ___ | 5. Persistently withdrawn or less involved with people.                    |
| ___ | ___ | 6. Intentional avoidance of supervisor.                                    |
| ___ | ___ | 7. Expressions of frustration or discontent.                               |
| ___ | ___ | 8. Change in frequency or nature of complaints.                            |
| ___ | ___ | 9. Complaints by co-workers or subordinates                                |
| ___ | ___ | 10. Cynical, "distrustful of human nature" comments.                       |
| ___ | ___ | 11. Unusual sensitivity to advice or critique of work.                     |
| ___ | ___ | 12. Unpredictable response to supervision.                                 |
| ___ | ___ | 13. Passive-aggressive attitude/behavior, doing things "behind your back". |

**C. GENERAL FOB PERFORMANCE**

---

**YES NO**

- \_\_\_ \_\_\_ 1. Excessive unauthorized absences - number in the last 12 months \_\_\_\_\_
- \_\_\_ \_\_\_ 2. Excessive authorized absences - number in the last 12 months \_\_\_\_\_
- \_\_\_ \_\_\_ 3. Excessive use of sick leave in the last 12 months \_\_\_\_\_
- \_\_\_ \_\_\_ 4. Frequent Monday/Friday absence or other pattern.
- \_\_\_ \_\_\_ 5. Frequent unexplained disappearances.
- \_\_\_ \_\_\_ 6. Excessive "extension" of breaks or lunch.
- \_\_\_ \_\_\_ 7. Frequently leaves work early - number of days per week or month \_\_\_\_\_
- \_\_\_ \_\_\_ 8. Increased concern about or actual incidents of, safety offenses involving the employee.
- \_\_\_ \_\_\_ 9. Experiences or causes job accidents.
- \_\_\_ \_\_\_ 10. Major change in duties or responsibilities.
- \_\_\_ \_\_\_ 11. Inability to follow through on job performance recommendation.

**D. PERSONAL MATTERS**

---

**YES NO**

- \_\_\_ \_\_\_ 1. Changes in or unusual personal appearance (dress, hygiene)
- \_\_\_ \_\_\_ 2. Changes in or unusual speech (incoherent, stuttering, loud etc.)
- \_\_\_ \_\_\_ 3. Changes in or unusual physical mannerisms (gesture, posture)
- \_\_\_ \_\_\_ 4. Changes in or unusual facial expressions.
- \_\_\_ \_\_\_ 5. Changes in or unusual level of activity - reduced \_\_\_ or increased \_\_\_
- \_\_\_ \_\_\_ 6. Changes in or unusual topics of conversation.
- \_\_\_ \_\_\_ 7. Engage in detailed discussions about death/suicide or harming someone.
- \_\_\_ \_\_\_ 8. Increasingly irritable or tearful.
- \_\_\_ \_\_\_ 9. Persistently boisterous or rambunctious (more than his/her normal level)
- \_\_\_ \_\_\_ 10. Unpredictable or out of context displays of emotion.
- \_\_\_ \_\_\_ 11. Unusual fears.
- \_\_\_ \_\_\_ 12. Lacks appropriate caution.
- \_\_\_ \_\_\_ 13. Engages in detailed discussion about obtaining or using drugs and/or alcohol.
- \_\_\_ \_\_\_ 14. Has personal relationship problems (spouse, girl/boy friend children)
- \_\_\_ \_\_\_ 15. Has received professional assistance for emotional/physical problems.
- \_\_\_ \_\_\_ 16. Makes unfounded accusations toward others, i.e. ,has feelings of persecution.
- \_\_\_ \_\_\_ 17. Secretive or furtive.
- \_\_\_ \_\_\_ 18. Memory problems (difficulty recalling instructions, data, past behaviors).
- \_\_\_ \_\_\_ 19. Frequent colds, flu or other illnesses.
- \_\_\_ \_\_\_ 20. Comes to work with alcohol on breath. (specify dates and times)
- \_\_\_ \_\_\_ 21. Excessive fatigue.
- \_\_\_ \_\_\_ 22. Makes unreliable or false statements.
- \_\_\_ \_\_\_ 23. Unrealistic self-appraisal or grandiose statements.
- \_\_\_ \_\_\_ 24. Temper tantrums or angry outbursts.
- \_\_\_ \_\_\_ 25. Demanding, rigid, inflexible.
- \_\_\_ \_\_\_ 26. Major change in physical health.

Any other information or observations can be attached as needed.

---

Signature Supervisor #1

Date:

Signature Supervisor #2

Date: