



HUMAN RESOURCES
2101 O'NEIL AVENUE, ROOM 103
CHEYENNE, WYOMING 82001

Reasonable Suspicion Testing Checklist

This checklist is used to determine and document reasonable suspicion of a potential violation of the Drug and Alcohol policy. In such instances, the supervisor or manager observing the behavior with another supervisor/administrator as witness, must complete this form. The checklist must be reviewed with HR. Upon establishment of reasonable suspicion of on the job impairment, HR will inform the manager to complete a drug and alcohol test.

Observed Employee Name: _____ Date: _____ Time: _____

Supervisor/Manager Name: _____ Title: _____

Witness Name: _____ Title: _____

Physical Indicators Observed (check all that apply):

WALKING <input type="checkbox"/> Appears Normal <input type="checkbox"/> Holding On For Support <input type="checkbox"/> Stumbling <input type="checkbox"/> Unable to Walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Other _____	FACE <input type="checkbox"/> Appears Normal <input type="checkbox"/> Red/Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Slobbering <input type="checkbox"/> Grinding Teeth <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Runny Nose <input type="checkbox"/> Other _____	SPEECH <input type="checkbox"/> Appears Normal <input type="checkbox"/> Whispering <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Silent <input type="checkbox"/> Rambling <input type="checkbox"/> Slow <input type="checkbox"/> Other _____	BREATH/ODOR <input type="checkbox"/> No Odor <input type="checkbox"/> Faint Alcohol Odor <input type="checkbox"/> Strong Alcohol Odor <input type="checkbox"/> Tobacco Odor <input type="checkbox"/> Chemical Odor <input type="checkbox"/> Marijuana Odor <input type="checkbox"/> Breath Spray/Mouthwash/Mints <input type="checkbox"/> Unidentifiable Odor <input type="checkbox"/> Other _____
STANDING <input type="checkbox"/> Appears Normal <input type="checkbox"/> Swaying <input type="checkbox"/> Feet Wide Apart <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at Knees <input type="checkbox"/> Other _____	EYES <input type="checkbox"/> Appear Normal <input type="checkbox"/> Watery <input type="checkbox"/> Bloodshot <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Closed <input type="checkbox"/> Droopy Eyelids <input type="checkbox"/> Other _____	M O V E M E N T <input type="checkbox"/> Appears Normal <input type="checkbox"/> Clumsy <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____	Appearance <input type="checkbox"/> Appears Normal <input type="checkbox"/> Messy <input type="checkbox"/> Dirty/Stained Clothing <input type="checkbox"/> Burns on Person/Clothing <input type="checkbox"/> Ripped/Torn Clothing <input type="checkbox"/> Partially Undressed <input type="checkbox"/> Puncture Marks/Needle Tracks <input type="checkbox"/> Other _____

Behavioral Indicators (check all that apply):

DEMEANOR Cooperative Polite Calm <input type="checkbox"/> Talkative <input type="checkbox"/> Silent <input type="checkbox"/> Sleepy/Drowsy <input type="checkbox"/> Sarcastic <input type="checkbox"/> Belligerent <input type="checkbox"/> Tearful/Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Excited <input type="checkbox"/> Frequent Mood Changes <input type="checkbox"/> Disoriented <input type="checkbox"/> Inattentive <input type="checkbox"/> Other _____ <input type="checkbox"/> Unconscious/unresponsive (call 911 and notify Public Safety) <input type="checkbox"/> _____	ACTIONS Normal Profane Language <input type="checkbox"/> Fighting/Combative <input type="checkbox"/> Hostile <input type="checkbox"/> Threatening <input type="checkbox"/> Hyperactive <input type="checkbox"/> Non-Communicative <input type="checkbox"/> Sleeping on the Job <input type="checkbox"/> Argumentative <input type="checkbox"/> Other _____ <input type="checkbox"/> _____
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Comments and other observations:

Additional Facts:

- Presence of alcohol and/or drugs in individual's possession or vicinity.
- On the job misconduct by individual (describe) _____
- Individual admitted to being under the influence of drugs and/or alcohol on the job when observed.
- Individual admitted to using drugs and/or alcohol on the job when observed.
- Individual Provided Explanation for Behavior:

Is individual at least 18 years of age? Yes No If "no", name of parent/guardian _____

Manager and Witness sign below, certifying that the above is true and accurate to the best of their knowledge and observations:

Supervisor/Manager Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____

STOP: Manager should NOT complete this form with the employee until authorized to do so by HR.

REASONABLE SUSPICION TESTING CONSENT FORM

Once Human Resources has determined reasonable suspicion exists that an employee may be impaired in the workplace, they will request that the Manager present this testing consent form to the employee under suspicion.

I, _____ (individual name) as an employee of the City of Cheyenne, have been informed that:

- After reviewing the attached Reasonable Suspicion Checklist, Human Resources has agreed with the Department Manager that reasonable suspicion exists that I am in violation of the City's Drug and Alcohol Policy.
- I will be transported by my supervisor/manager and a witness to and from the designated testing location.
- A positive test could result in disciplinary action up to and including termination of employment.
- I may refuse my consent to submit to the drug/alcohol test.
- I will be subject to disciplinary action up to and including termination of employment if I refuse the screening or test, adulterate or dilute the specimen, substitute the specimen, send an imposter, or refuse to cooperate in the testing process in such a way that prevents completion of the test.

Individual's statement regarding the allegation of being in violation of the Drug and Alcohol Policy:

At the conclusion of this process, I will make arrangements for my safe transportation home and that my supervisor may notify law enforcement if I attempt to operate a vehicle.

I have read the form and AGREE to undergo testing for drugs and/or alcohol _____
Employee Signature Date

I have read the form and REFUSE to undergo testing for drugs and/or alcohol _____
Employee Signature Date

Witnessed by (signature): _____ Date: _____

Printed Name: _____ Title: _____

Testing Locations:

The Drug Center 213 West 18th Street Cheyenne, WY 82001 307-635-3730 307-635-1222 (fax)	Hours: M - F 8 am to 5 pm Sat - Sun 2 pm to 4 pm
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Submit completed form to Humanresourcesstaff@cheyennecity.org, fax to 307-637-6342, or hand deliver to HR Office, 2101 O'Neil Avenue, Room 103