

# Washington County School District

## REASONABLE SUSPICION RECORD

| <b>Employee Name :</b> _____   |   |  |  |
|--|---|--|--|
| <b>Observation Time:</b> _____   |   | <b>Observation Location:</b> _____               |  |
| <b>Reasonable suspicion of current use or impairment by:</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both |   |  |  |
| Cause for Suspicion  |   |  |  |
| Appearance   |   |  |  |
| <input type="checkbox"/> Normal  | <input type="checkbox"/> Flushed                    | <input type="checkbox"/> Puncture Marks          | <input type="checkbox"/> Disheveled, Disordered    |
| <input type="checkbox"/> Tremors   | <input type="checkbox"/> Dilated/Constricted Pupils | <input type="checkbox"/> Profuse Sweating        | <input type="checkbox"/> Dry mouth                 |
| <input type="checkbox"/> Runny Nose / Sniffing   | <input type="checkbox"/> Wearing Sunglasses         | <input type="checkbox"/> Bloodshot Eyes          | <input type="checkbox"/> Deterioration in Dressing |
| <input type="checkbox"/> Odor of :   |   | <input type="checkbox"/> Other:                  |  |
| Behavior: Speech   |   |  |  |
| <input type="checkbox"/> Normal  | <input type="checkbox"/> Incoherent                 | <input type="checkbox"/> Whispering Loud         | <input type="checkbox"/> Slurred                   |
| <input type="checkbox"/> Silent  | <input type="checkbox"/> Confused                   | <input type="checkbox"/> Slow                    | <input type="checkbox"/> Rambling                  |
| <input type="checkbox"/> Other:  |   |  |  |
| Behavior: Awareness  |   |  |  |
| <input type="checkbox"/> Normal  | <input type="checkbox"/> Confused                   | <input type="checkbox"/> Mood Swings             | <input type="checkbox"/> Rambling                  |
| <input type="checkbox"/> Memory Loss   | <input type="checkbox"/> Paranoid                   | <input type="checkbox"/> Aggressive/Violent      | <input type="checkbox"/> Poor Comprehension        |
| <input type="checkbox"/> Euphoria  | <input type="checkbox"/> Lethargic                  | <input type="checkbox"/> Disoriented             | <input type="checkbox"/> Crying                    |
| <input type="checkbox"/> Other:  |   |  |  |
| Motor Skills: Balance  |   |  |  |
| <input type="checkbox"/> Normal  | <input type="checkbox"/> Swaying                    | <input type="checkbox"/> Falling                 | <input type="checkbox"/> Staggering                |
| <input type="checkbox"/> Head bobbing  | <input type="checkbox"/> Lack of Coordination       | <input type="checkbox"/> Arms raised for balance | <input type="checkbox"/> Rigid                     |
| <input type="checkbox"/> Other:  |   |  |  |
| Motor Skills: Walking and Turning  |   |  |  |
| <input type="checkbox"/> Normal  | <input type="checkbox"/> Swaying                    | <input type="checkbox"/> Stumbling               | <input type="checkbox"/> Falling                   |
| <input type="checkbox"/> Reaching for support  | <input type="checkbox"/> Wide based gait            | <input type="checkbox"/> Hyperactive             | <input type="checkbox"/> Fumbling                  |
| <input type="checkbox"/> Other:  |   |  |  |
| Motor Skills: Other  |   |  |  |
| <input type="checkbox"/> Normal  | <input type="checkbox"/> Drowsy                     | <input type="checkbox"/> Over reaction           | <input type="checkbox"/> Slowed reaction time      |
| <input type="checkbox"/> Dropping things   | <input type="checkbox"/> Jerky                      | <input type="checkbox"/> Slow                    | <input type="checkbox"/> Nervous                   |
| <input type="checkbox"/> Other Observable Actions of Behavior (Specify): _____   |   |  |  |

Did the employee admit to use of drugs or alcohol? Yes: \_\_\_\_\_ No: \_\_\_\_\_

When: \_\_\_\_\_ Substance: \_\_\_\_\_

How much: \_\_\_\_\_ Where Taken: \_\_\_\_\_

**WITNESSED BY:**

|                            |       |      |      |
|----------------------------|-------|------|------|
| Signature (Any Observer)   | Title | Date | Time |
| Signature (Administration) | Title | Date | Time |

# Washington County School District

## Steps to Performing a Reasonable Suspicion Test

### Reference District Policy 1400

- Identify problem and observe (more than one witness is necessary).
- Act on medical concerns immediately. **(Consider possible medical conditions such as diabetes, epilepsy, stroke, etc. If this is a possibility, call 911 immediately)**
- Document your findings as soon as possible.
- Confirm your findings and obtain authorization for testing from the Human Resource Director or Superintendent. (During or after hours phone 632-7082 for authorization.)
- Discuss findings with employee.
- Meet employee in private with another administrator.
- Tell employee what was observed and felt to be abnormal.
- Ask employee why he/she appears to be behaving abnormally.
- Inform employee that supervisors are required to act when there is reasonable suspicion to believe the District's drug and/or alcohol prohibitions have been violated.
- Inform employee that District policy requires testing.
- Inform employee of the consequences of refusal to test:  
An employee who refuses to submit to an alcohol and/or drug test or who violates any aspect of these guidelines may be subject to disciplinary action up to and including termination.
- Maintain confidentiality.
- Testing (drug and/or alcohol)
- Arrange escort/transport of employee to collection site **(Do not let the employee self transport, the escort must remain with the employee at all times. Employee must be accompanied and remain in sight of the escort.)**  
Under no circumstances shall an employee be required to transport an employee exhibiting violent or threatening behavior. In such cases, the responsible employee shall immediately contact the appropriate law enforcement agency.
- Arrange escort/transport of employee to home. **(Do not let the employee drive himself/herself home after the screening)**
- Contact HR Director for authorization to place employee on administrative leave pending the results of the screening.

#### Supervisor/Administrator Written Summary of Observation and Screening:

---

---

---

---

---

---

---

---

Signature

Date