



Reasonable Cause Guidelines and Sample Forms for Supervisors

This document contains DFWPA Sample Program forms for employers to refer to as they create the appropriate documents for their company's policy and program.

- Reasonable Cause Steps, Intervention Tips, & Script for Supervisor Intervention
- Observed Behavior Reasonable Cause Record
- Recognizing Job Performance Problems Checklist
- Reasonable Suspicion Checklist



Reasonable Cause Steps, Intervention Tips, & Script for Supervisor Intervention

Supervisor Steps:

Disclaimer: This guideline does not supercede your company policy. Always check with your policy before continuing.

- Document event/behavior on Reasonable Suspicion Checklist as it relates to job performance & sign bottom of form
- Contact employee's direct supervisors to inform of situation
- Have another supervisor witness behaviors & document situation
- Read script to employee with another supervisor present
- Drive employee to collection site or contact mobile testing – **employee is not allowed to drive themselves**
- If employee leaves in private vehicle against supervisor's instruction – designated employer representative or supervisor should notify authorities
- Wait with employee while testing is completed
- Return employee to work location & offer to contact family member to pick them up
- After test results are received (allow 24 hours for results) schedule meeting with employee to discuss next steps/complete employee agreement

For DOT regulated companies:

Time is Critical: DOT Regulations require that following a reasonable suspicion alcohol test should be performed within 2 hours of the determination and no later than 8 hours. Documentation must exist of efforts to complete this requirement after the first 2 hours. Urine collection for a drug test must be performed within 32 hours from the determination or document the reason for no collection.

Supervisor Intervention Tips:

Do Not...	Do...
Diagnose	Know the policy
Moralize	Focus on job performance
Be overly sympathetic	Be specific
Cover up	Be respectful
Talk about with others	Document

Reasonable Cause Script:

(_____) (employee name), as you know we have a Drug and Alcohol Testing Program Policy and as an employee you have agreed to abide by its policy to prevent drug and alcohol abuse in the workplace.

At this time, as your supervisor, I am instructing you that a reasonable cause determination of drug or alcohol use has been made and you must submit to a drug test and/or breath alcohol test at this time. A representative will go with you to the collection facility.



Observed Behavior Reasonable Cause Record, Page 1 of 2

Employee Name _____

Identification Number: _____

Observation: Date _____ Time: (_____ a.m./p.m. to _____ a.m./p.m.)

Location: _____

(Street Address)

(City)

(State) (ZIP Code)

CAUSE FOR SUSPICION

1. Presence of Drugs and/or Drug Paraphernalia (specify):

2. Appearance

- Normal
- Disheveled
- Dilated/constricted pupils
- Dry-mouth symptoms
- Flushed
- Bloodshot eyes
- Profuse sweating
- Runny nose
- Nose sores
- Puncture marks
- Inappropriate wearing of sunglasses
- Tremors
- Other (describe) _____

3. Behavior

Speech:

- Normal
- Confused
- Incoherent
- Slowed
- Slurred
- Silent
- Whispering
- Other (describe) _____



Recognizing Job Performance Problems Checklist, Page 1 of 3

Are the performance problems:

- Persistent and ongoing?
- Affecting work efficiency and productivity?
- A change from the employee's usual behavior?

Absenteeism

- ___ Multiple instances of unauthorized leave.
- ___ Excessive use of sick leave.
- ___ Frequent Monday/Friday absences.
- ___ Excessive tardiness, especially on Monday mornings or after lunch.
- ___ Leaving work early.
- ___ Peculiar and increasingly unbelievable excuses for absences.
- ___ Higher absence rate for medical problems such as colds, influenza, stomach problems.
- ___ Frequent, unscheduled short-term absences.

On-the-Job Absenteeism

- ___ Continued absences from work site.
- ___ Long coffee breaks.
- ___ Physical illness on the job.
- ___ Frequent trips to the bathroom.
- ___ Sleeping or dozing off on the job.

High Accident Rate

- ___ Accidents on the job and more accident claims than the "norm."
- ___ Near accidents on the job.
- ___ Accidents off the job.
- ___ Failure to wear safety gear.
- ___ Complaints from co-workers regarding disregard of safety standards.

Difficulty Concentrating

- ___ Work requires greater effort.
- ___ Job takes more time.

Confusion

- ___ Trouble recalling instructions, details, etc.
- ___ Increasing difficulty handling complex assignments.
- ___ Trouble recalling his/her own mistakes.
- ___ Gives conflicting information or instructions.
- ___ Has trouble coordinating schedules.

Inconsistent Work Patterns

- ___ Alternate periods of high and low productivity.
- ___ Submission of incomplete reports and data.

Recognizing Job Performance Problems Checklist, Page 2 of 3

Reporting Unfit for Work

Comes to work in an obviously unfit condition (glazed eyes, yawning, slurred speech, unsteady gait, sleepiness).

Changes in Personal Habits

Different behavior after lunch than before.
 Decreased attention to appearance or personal hygiene.

Erratic Behavior

Withdrawn or improperly talkative.
 Argumentative.
 Displays violent behavior.
 Has exaggerated sense of self-importance.
 Spends excessive amount of time on the telephone.
 Irritable.
 Depressed or highly emotional.

Motivation

Less commitment to the job.
 Unconcerned about quality or quantity of output.
 Frequently says he or she is dissatisfied.
 Does not initiate change or request work or challenges.

Lower Job Quality/Performance

Misses deadlines.
 Mistakes due to inattention.
 Increased errors.
 Fails to follow procedures.
 Wastes material.
 Doesn't take time to do the job right.
 Makes poor decisions.
 Co-workers or customers complain.
 Improbable excuses for poor job performance.
 Mismanages budget.
 Co-workers cover for his or her work responsibilities.

Lower Quantity/Productivity

Inconsistent work pace.
 Overwhelmed by realistic workload.
 Consistently falls behind in work.
 Doesn't keep commitments.
 Unavailable for extra work.
 Takes longer and longer to do the same job.

Recognizing Job Performance Problems Checklist, Page 3 of 3

Reduced Job Knowledge/Technical Skill

- Doesn't know work tasks.
- Unable to work independently.
- Frequently needs instruction.
- Doesn't use equipment properly.

Poor Relationships on the Job

- Over-reaction to real or imagined criticism.
- Wide swings in morale and motivation.
- Borrowing money from co-workers.
- Unreasonable resentments.
- Unable to work with others.
- Uses employee time and skills inefficiently.
- Frequent complaints from co-workers.
- Avoids professional activities or training.

Reasonable Suspicion Checklist, Page 1 of 2

Name of Observed Employee _____

Location _____ Date _____ Time _____ a.m./p.m.

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

Observation Checklist

Walking: ___ Holding on ___ Stumbling ___ Unable to walk
___ Unsteady ___ Staggering ___ Swaying
___ Falling ___ Other _____

Standing: ___ Swaying ___ Feet wide apart ___ Unable to stand
___ Rigid ___ Staggering ___ Sagging at knees
___ Other _____

Speech: ___ Whispering ___ Slurred ___ Shouting
___ Incoherent ___ Slobbering ___ Silent
___ Rambling ___ Mute ___ Slow
___ Other _____

Demeanor: ___ Cooperative ___ Calm ___ Talkative ___ Polite
___ Sarcastic ___ Sleepy ___ Crying ___ Silent
___ Sleeping on job ___ Argumentative ___ Excited
___ Other _____

Actions: ___ Hostile ___ Fighting ___ Profanity ___ Drowsy
___ Threatening ___ Hyperactive ___ Erratic ___ Calm
___ Resisting communication ___ Other _____

Eyes: ___ Bloodshot ___ Watery ___ Droopy ___ Dilated
___ Glassy ___ Closed ___ Other _____

Face: ___ Flushed ___ Pale ___ Sweaty
___ Other _____

**Appearance/
Clothing:** ___ Neat ___ Unruly ___ Messy ___ Dirty
___ Stains on clothing ___ Having odor ___ Partially dressed
___ Bodily excrement stains ___ Other _____

Breath: ___ No alcoholic odor ___ Faint alcoholic odor
___ Alcoholic odor ___ Sweet/pungent tobacco odor
___ Heavy usage, breath spray ___ Other _____

Movements: ___ Fumbling ___ Jerky ___ Nervous
___ Slow ___ Normal ___ Hyperactive
___ Other _____



Reasonable Suspicion Checklist: Page 2 of 2

Eating ___ Gum ___ Candy ___ Mints

Chewing: ___ Other _____

Miscellaneous: ___ Presence of alcohol and/or drugs in associate's possession or vicinity
___ On-the-job misconduct by employee
___ Employee admission concerning alcohol use and/or drug use or possession
___ If there are witnesses to employee's conduct, list below:

Other Observations (if accident occurred, provide details):

Employee's Explanation of Reasons for his/her Conduct:

Once above portion of form has completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow company procedures as outlined in our drug-free policy.

- Check one:**
- Employee has agreed to testing
 - Employee has not agreed to testing

Supervisor/Manager Signature Date

Witness Signature Date

