

## **Reasonable Suspicion Testing Checklist**

This checklist is used to determine and document reasonable suspicion of a potential violation of the Drug and Alcohol Free Workplace 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 who will consult with General Counsel, and Public Safety. Upon establishment of reasonable suspicion of on the job impairment, HR will inform management of authorization to complete a drug and alcohol test in accordance with ISUPP 3180.

Observed Employee Name:		Date:	Time:		
Supervisor/Manager Name:		Title:			
Witness Name:		Title:	Title:		
Physical Indicators Observed (ch	neck all that apply):				
[] Talkative [] Silent [ [] Sarcastic [] Belligerent [ [] Anxious [] Excited [	] Calm ] Sleepy/Drowsy ] Tearful/Crying ] Frequent Mood Changes ] Other	SPECH [] Appears Normal [] Whispering [] Slurred [] Shouting [] Incoherent [] Silent [] Rambling [] Slow [] Other	BREATH/ODOR  [] No Odor  [] Faint Alcohol Odor  [] Strong Alcohol Odor  [] Tobacco Odor  [] Chemical Odor  [] Marijuana Odor  [] Breath Spray/Mouthwash/Mints  [] Unidentifiable Odor  [] Other  Appearance  [] Appears Normal  [] Messy  [] Dirty/Stained Clothing  [] Burns on Person/Clothing  [] Ripped/Torn Clothing  [] Partially Undressed  [] Puncture Marks/Needle Tracks  [] Other  [] Profane Language  [] Hostile  [] Hyperactive  [] Sleeping on the Job  [] Other		
[] On the job misconduct by indi	ugs in individual's possession or vi				
_	inder the influence of drugs and/o rugs and/or alcohol on the job wh on for Behavior:	· ·	vea.		
	nge?[]Yes []No If "no", name www, certifying that the above is true		eir knowledge and observations:		
Supervisor/Manager Signature: _		Date:	Time:		
Witness Signature:		Date:	Time		

HR USE ONLY: Review w/ General Counsel & Public Safety: Test A	Authorized: Y/N
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## STOP: Management should NOT complete this form with the employee until authorized to do so by HR.

## REASONABLE SUSPICION TESTING CONSENT FORM

Once HR, General Counsel, and Public Safety have determined reasonable suspicion exists that an employee may be impaired in the workplace, HR

will request that management present this testing consent form to the employee under suspicion.					
l,	(individual name) as an employee of Idaho State University, have been informed that:				
•	HR, General Counsel, and Public Safety have concurred with management that reasonable suspicion exists that I am in violation of the Drug and Alcohol Free Workplace Policy, ISUPP 3180 after reviewing the attached Reasonable Suspicion Checklist.				
•	I will be transported by my supervisor/manager and a witness to and from the designated testing location.				
•	The test results will be provided to an independent Medical Review Officer with Central Drug Systems, Inc.				
•	<ul> <li>A positive test could result in disciplinary action up to and including termination of employment.</li> </ul>				
•	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 Free Workplace Policy:

At the conclusion of this process, I will be instructed to 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:**

Pocatello	Idaho Falls	Meridian	Twin Falls
Portneuf Workmed Medical	Wienhoff Drug Testing	St. Luke's Occupational Health	St. Luke's Magic Valley Regional
Center	2235 E. 25 <sup>th</sup> Street Suite 150	Service	Medical Center
500 S. 11 <sup>th</sup> Ave. #500	Idaho Falls, ID 83404	520 S. Eagle Road, 2213	775 Pole Line Road West
Pocatello, ID 83201	Phone: 208-528-9000	Meridian, ID 83642	Twin Falls, ID 83301
Phone: 208-239-1940	After Hours: 208-528-9000	Phone: 208-706-5447	Phone: 208-814-8114
After Hours: 208-239-1800			

HR Rep – Attach Medtox Drug Testing Form for Respective Clinc. Medtox Drug Testing Form and Consent Form should be taken to testing location.