



## Procedure 6.23: Reasonable Suspicion

Volume 6

Managing Office: Office of Human Resources

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### I. PURPOSE

This procedure provides guidelines when a supervisor has evidence or reasonable cause to suspect an individual is in violation of Procedure 6.2-Personnel Drug and Alcohol Abuse Prevention Policy.

### II. OBSERVATION OF BEHAVIOR

When a supervisor is notified or suspects that an individual may be in violation of the Procedure 6.2-Personnel Drug and Alcohol Abuse Prevention Policy:

- A. The supervisor must observe the behavior of the individual and immediately complete the Reasonable Suspicion Testing Checklist.
- B. After completing the Reasonable Suspicion Testing Checklist, if the supervisor believes there is reasonable suspicion that the individual may be in violation of the policy (e.g. using or being under the influence of drugs or alcohol while at work), the supervisor must contact their director/department head/dean or vice president. If after a reasonable effort, the supervisor is unable to contact the next level of his/her chain of command, the Office of Human Resources must be utilized.
- C. Another witness must observe the behavior of the individual and complete a separate Reasonable Suspicion Testing Checklist.
- D. After completing the Reasonable Suspicion Testing Checklist, if the supervisor and witness believe the individual may be in violation of the policy, the supervisor and witness must escort the individual to an area where a conversation with the individual can be held in private.

### III. TWO WITNESSES

Both the supervisor and other witness should be involved in all steps of the process and both are expected to fully document the events immediately.

### IV. NOTIFICATION OF VIOLATION TO INDIVIDUAL

The supervisor will inform the individual that the individual may be in violation of Procedure 6.2-Personnel Drug and Alcohol Abuse Prevention Policy and will inform the individual of the supervisor and other witness observations. The supervisor must ask the individual to offer an explanation of the observed behaviors ("What explanation do you have for these behaviors?"). Both the manager and supervisor will document the conversation, including noting if the individual declined to comment.

If both the supervisor and other witness believe the individual is in violation of the policy, they will inform the individual that they believe the individual is in violation of the policy, ask the individual to submit to a reasonable suspicion drug/alcohol test, and sign and complete the Reasonable Suspicion Testing Consent Form indicating the individual's consent or refusal to the screening.

For instance, the supervisor might say the following:

*"At this time, we believe you are in violation of Procedure 6.2-Personnel Drug and Alcohol Prevention policy and we are requesting that you submit to a reasonable suspicion drug/alcohol test. This test will involve screenings to detect the presence of alcohol and/or drugs in your system. A positive test could result in corrective action, up to and including termination of your employment. Please read the consent form and sign in the appropriate area to*

*indicate either your consent to or your refusal to the test. Failure to submit to and/or complete this testing may lead to corrective action, up to and including termination of employment.”*

**V. MINORS**

If the individual is 17 years of age or younger, the parent or guardian must be contacted to provide consent.

**VI. INDIVIDUAL REFUSES TESTING**

If the individual refuses to submit to the testing, the supervisor must tell the individual that refusal to submit to and complete the testing could subject them to corrective action up to and including termination of employment. The supervisor should again ask the individual to submit to the testing.

If the individual refuses again, the supervisor will inform the individual that the refusal could subject them to corrective action. The supervisor will inform the individual to report to duty at their next assigned work day and should instruct and assist the individual to make arrangements to be taken home safely. If the individual insists upon driving home, the manager and supervisor will inform the individual that both campus and local police may be notified and again instruct the individual to make arrangement to get home safely. If the individual refuses, the supervisor may obtain vehicle information such as make, model, color, license plate number and notify the campus department of public safety. The supervisor must report this refusal to the Office of Human Resources as soon as possible.

**VII. INDIVIDUAL CONSENTS TO TESTING**

If the individual consents to testing, the Office of Human Resources will contact and inform the appropriate specimen collector. The Office of Human Resources will make arrangements for the individual to be transported to the specimen collection location for a drug/alcohol testing screening. The supervisor must fax a copy of the completed Reasonable Suspicion Testing Checklist, a copy of the Reasonable Suspicion Testing Consent Form and any other relevant documentation to the Office of Human Resources. A Human Resources staff will remain with the individual while at the collection location.

If the individual refuses to cooperate in the testing process, the individual will be informed that refusal to submit to and complete the testing could subject them to corrective action up to and including termination of employment.

If after reasonable efforts have been made to enable the individual to provide a breath or urine specimen and the individual is unable to do so, an evaluation by the medical personnel will be performed to establish medical impediment to providing a specimen. If no medical impediment exists, it is considered a refusal to test.

Once the screening has been completed, the Human Resources staff will inform the individual to report to work for their next assigned work day and instruct the individual to make arrangements to be taken home safely from the collection location.

**VIII. TEST RESULTS**

Test results will be reviewed by the medical staff at the collection location and will determine if a policy violation occurred and forward the determination to the Office of Human Resources. Only the results (positive or negative) will be forwarded to the Office of Human Resources. The Office of Human Resources will work with the supervisor to determine the next steps.

**IX. FEDERAL REGULATION 49 CFR PART 40**

For individuals covered under Federal Regulation 49 CFR Part 40, this procedure does supersedes the process under the U.S. Department of Transportation.

## Reasonable Suspicion Testing Checklist

This checklist form is used to determine and document reasonable suspicion of a potential violation Procedure 6.2-Personnel Drug and Alcohol Abuse Prevention Policy. In such instances, the supervisor or manager observing the behavior with another supervisor/manager as a witness. Each must complete a checklist. It must be completed prior to testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Name of observed individual (Print): \_\_\_\_\_ Employee ID#: \_\_\_\_\_

### OBSERVED INDICATORS CHECKLIST:

**Physical Indicators:**

<p><b>WALKING</b></p> <input type="checkbox"/> Holding on <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 _____	<p><b>FACE</b></p> <input type="checkbox"/> Red/flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Appears normal <input type="checkbox"/> Slobbering <input type="checkbox"/> Grinding teeth <input type="checkbox"/> Dry mouth <input type="checkbox"/> Runny nose <input type="checkbox"/> Other _____	<p><b>SPEECH</b></p> <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 _____	<p><b>BREATH/ODOR</b></p> <input type="checkbox"/> No alcohol odor <input type="checkbox"/> Faint alcohol odor <input type="checkbox"/> Strong alcohol odor <input type="checkbox"/> Sweet/pungent tobacco odor <input type="checkbox"/> Chemical odor <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Breath spray/mouthwash <input type="checkbox"/> None <input type="checkbox"/> Gum <input type="checkbox"/> Mints <input type="checkbox"/> Candy <input type="checkbox"/> Other _____
<p><b>STANDING</b></p> <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 _____	<p><b>EYES</b></p> <input type="checkbox"/> Watery <input type="checkbox"/> Bloodshot <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Closed <input type="checkbox"/> Droopy eye <input type="checkbox"/> lids	<p><b>MOVEMENTS</b></p> <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____	<p><b>APPEARANCE</b></p> <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 dressed <input type="checkbox"/> Puncture marks/needle tracks <input type="checkbox"/> Appears normal

**Behavioral Indicators:**

<p><b>DEMEANOR</b></p> <input type="checkbox"/> Cooperative <input type="checkbox"/> Polite <input type="checkbox"/> Talkative <input type="checkbox"/> Silent <input type="checkbox"/> Sarcastic <input type="checkbox"/> Belligerent <input type="checkbox"/> Anxious <input type="checkbox"/> Excited <input type="checkbox"/> Disoriented <input type="checkbox"/> Inattentive <input type="checkbox"/> Sleepy <input type="checkbox"/> Drowsy	<p><b>ACTIONS</b></p> <input type="checkbox"/> Calm <input type="checkbox"/> Resisting communication <input type="checkbox"/> Tearful/crying <input type="checkbox"/> Mood changes <input type="checkbox"/> Appears normal <input type="checkbox"/> Other _____
<p><b>ACTIONS</b></p> <input type="checkbox"/> Fighting <input type="checkbox"/> Erratic <input type="checkbox"/> Threatening <input type="checkbox"/> Non-communicative <input type="checkbox"/> Argumentative	<input type="checkbox"/> Profanity <input type="checkbox"/> Hostile <input type="checkbox"/> Hyperactive <input type="checkbox"/> Sleeping on job <input type="checkbox"/> Other _____

Comments and other observations: \_\_\_\_\_

**Additional facts:**

Presence of alcohol and/or drugs in individual's possession or vicinity  
 On the job misconduct by individual (specify) \_\_\_\_\_  
 Individual admission concerning alcohol use and/or drug use or possession  
 List other witnesses to individual's conduct and summarize what they say they witnessed below \_\_\_\_\_  
 Individual declined to comment, or  
 Individual's explanation for behavior \_\_\_\_\_

Is individual at least 18 years of age? YES NO If "no", name of parent/guardian contacted: \_\_\_\_\_

Completed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
 (Printed name): \_\_\_\_\_ Title: \_\_\_\_\_

**Reasonable Suspicion Testing Consent Form**

This consent form is used to determine and document reasonable suspicion of a potential violation of the Procedure 6.2-Personnel Drug and Alcohol Abuse Prevention Policy

I, \_\_\_\_\_, as an employee, graduate associate, or student employee of Alabama A&M University, have been informed that:

1. An individual may not be in violation of the Procedure 6.2-Personnel Drug and Alcohol Abuse Prevention Policy.
  2. An individual may be asked to submit to a drug/alcohol test if reasonable suspicion exists that an individual may be in violation of the Personnel Drug and Alcohol Abuse Prevention Policy.
  3. I have been asked to submit to a drug/alcohol test to determine if I am in violation of the university Personnel Drug and Alcohol Abuse Prevention Policy.
  4. The test will include a request for a urine sample and/or a breath alcohol test.
  5. I will be transported to and from a designated location where the specimens will be collected.
  6. The test results will be provided to the university Office of Human Resources.
  7. A positive test could result in corrective action up to and including termination of employment.
  8. I may refuse my consent to submit to the drug/alcohol test.
  9. I will be subject to the corrective action up to and including termination 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.
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**Individual's statement regarding allegation:**

**At the conclusion of this process, I will be instructed to make arrangements for my safe transportation home and that my supervisor may notify the campus police department if I attempt to operate a vehicle.**

**Consent Options:**

1.  I have read the form and agree to undergo testing for drugs and/or alcohol

\_\_\_\_\_  
 Employee's signature \_\_\_\_\_  
Date

2.  I have read the form and refuse to undergo testing for drugs and/or alcohol

\_\_\_\_\_  
 Employee's signature \_\_\_\_\_  
Date

**Witness:**

\_\_\_\_\_  
 Witness' signature \_\_\_\_\_  
Date

Fax all documentation to 256-372-5881 to the Office of Human Resources For questions, call 256-372-5835.