

Appendix IV

TRAINING VERIFICATION FORM

**REASONABLE SUSPICION ALCOHOL TESTING
A TRAINING PROGRAM
FOR
SUPERVISORS**

“ALCOHOL RECOGNITION, TESTING AND UNDERSTANDING”



Participants Name: _____
(Please print first name, middle initial, last name)

Date of Training: _____ **12-8-2009** _____

Participants Signature: _____

Training Provided by: **Caleb Larru**

Appendix V

TRAINING VERIFICATION FORM

REASONABLE SUSPICION DRUG TESTING
A TRAINING PROGRAM
FOR
SUPERVISORS

“IDENTIFICATION OF DRUG ABUSE IN THE WORKPLACE”



Participants Name: _____
(Please print first name, middle initial, last name)

Date of Training: _____ 12-8-2009 _____

Participants Signature: _____

Training Provided by: Caleb Larru

APPENDIX VI
REASONABLE CAUSE OBSERVATION CHECKLIST
 (STRICTLY CONFIDENTIAL)

EMPLOYEE: _____ **PERIOD OF EVALUATION:** _____

SUPERVISOR: _____

	NAME	PHONE NUMBER
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This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behaviors that are not normal?

	YES	NO
1. Smell of alcohol on breath of person?	_____	_____
2. Speech:		
Slurred?	_____	_____
Confused?	_____	_____
Fragmented?	_____	_____
Slow?	_____	_____
Unusually soft?	_____	_____
Unusually loud?	_____	_____
3. Disorientation:		
Is employee confused about: Where he or she is?	_____	_____
What day it is?	_____	_____
What time it is?	_____	_____
4. Apparent inability to focus on work?	_____	_____
5. Unusual or unexplained resistance to authority or refusal to follow directions?	_____	_____
6. Lack of motor coordination	_____	_____
7. Mood:		
Belligerent?	_____	_____
Moody?	_____	_____
Ecstatic?	_____	_____
More nervous than usual?	_____	_____
Giddy?	_____	_____
Talkative?	_____	_____
Drowsy?	_____	_____
8. Skin color:		
Pale?	_____	_____
Flushed?	_____	_____
9. Excessive perspiration?	_____	_____

	YES	NO
10. Excessive trips to the restroom?	_____	_____
11. Bloodshot eyes?	_____	_____
12. Dilated pupils?	_____	_____
13. Pinpoint pupils?	_____	_____
14. Traces of alcohol in containers?	_____	_____
15. Confession by employee that he/she was drinking alcohol? Ingesting drugs?	_____	_____
16. Confirmation by other employees?	_____	_____
17. Presence of substances with the appearance of drugs?	_____	_____
18. Presence of drug paraphernalia?	_____	_____
19. Smell of marijuana?	_____	_____
20. Congregation of employees in remote areas of the companies facilities or in areas not usually frequented by employees?	_____	_____
21. Weariness, fatigue, or exhaustion?	_____	_____
22. Deteriorating physical appearance?	_____	_____
23. Yawning excessively?	_____	_____
24. Blank stare or expression?	_____	_____
25. Sudden and/or unpredictable change in energy level?	_____	_____
26. Unusually energetic?	_____	_____
27. Shaking or trembling of hands?	_____	_____
28. Sunglasses worn at inappropriate times?	_____	_____
29. Changes in appearance after lunch break?	_____	_____
30. Withdrawal and avoidance of peers?	_____	_____
31. Complaints from co-workers?	_____	_____
32. Excessive absenteeism, especially Mondays, Fridays and days before or after holidays or paydays?	_____	_____
33. Unusually high incidence of colds, flu, upset stomach, and/or headaches?	_____	_____
34. Unauthorized or unscheduled absences?	_____	_____
35. Breathing or swallowing difficulties?	_____	_____
36. Unusual sneezing / nasal congestion?	_____	_____
37. Needle marks on arms?	_____	_____
38. Prolonged lunch hours?	_____	_____
39. Tardiness?	_____	_____
40. Unexplained departures from work or disappearances from the job area?	_____	_____
41. More than average number of job-related mistakes injuries or accidents?	_____	_____
42. Decrease in efficiency or productivity?	_____	_____
43. Careless operation of equipment?	_____	_____
44. Careless performance of job?	_____	_____