

Reasonable Suspicion Drug Testing Guidelines for Supervisors

- **Directions:** If you suspect that a team member in your work group is currently under the influence of alcohol or drugs, please ask another manager/supervisor to confirm your suspicion. If another manager is not available, please contact your Operations or HR Regional Manager to discuss the issue with him/her. If you both agree, quietly remove the team member from the work environment to a private location.
- Inform the team member that in your opinion they appear to be unable to safely perform their job at this time.
- Before and during the intervention, observe and document everything you see, hear and smell (use checklist below). All documentation should be based on observable and factual events.
- If Reasonable Suspicion exists, verbally notify the team member that reasonable suspicion exists and he/she is being taken for drug and/or alcohol testing.
- Once the team member has been detained, do not let them out of your sight. Do not allow the team member to eat, get a drink, go to the bathroom, go to a locker, use tobacco, change clothing, take medications, or leave your presence for any reason as the team member may try to do something that will hinder or decrease the ability of getting a valid sample once the drug and/or alcohol test is administered.
- Either you or another manager/supervisor must transport the team member to the testing facility, and wait inside while they are tested.
- Arrange for transportation of the team member from the testing facility to their home. Do NOT allow the team member to drive for safety reasons. Forms of transportation to the team member's home may include: team member's spouse, family member, friend, coworker, public transportation, taxi, etc.
- Place the team member on suspension while the company waits for the test results.
- Someone from Safety or HR will contact the team member once the results are received.
- If the team member refuses to go for a test, remind them that refusal to test is grounds for termination of their employment. If they still refuse, suspend them and notify your Regional HR Manager immediately.

Team Member Name:		Team Member ID:		Job Title:	
Store #:		Store Loc:		Date:	
Manager Name:		Manager Title:		Reasonable Suspicion for: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	
EYES		SPEECH		PSYCHOLOGICAL	
<input type="checkbox"/> Repetitive jerking motions of the eyes <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Bloodshot eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Glazed appearance Date above observed _____ Time above observed _____ Initials _____		<input type="checkbox"/> Slurred/Incoherent speech <input type="checkbox"/> Slow deliberate speech <input type="checkbox"/> Rapid irrational speech <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Repetitive/Rambling <input type="checkbox"/> Volume variance Date above observed _____ Time above observed _____ Initials _____		<input type="checkbox"/> Decreased inhibitions <input type="checkbox"/> Extreme agitation or irritability <input type="checkbox"/> Combative, aggressive, violent <input type="checkbox"/> Poor judgment <input type="checkbox"/> Inability to divide attention <input type="checkbox"/> Disorientation <input type="checkbox"/> Unpredictable Date above observed _____ Time above observed _____ Initials _____	
MENTAL		PHYSICAL CHANGES		OTHER	
<input type="checkbox"/> Slowed reflexes <input type="checkbox"/> Impaired performance or attention <input type="checkbox"/> Slow & deliberate responses <input type="checkbox"/> Memory loss <input type="checkbox"/> Paranoia <input type="checkbox"/> Mood changes, instability of mood <input type="checkbox"/> Incomplete verbal responses <input type="checkbox"/> Evasive Date above observed _____ Time above observed _____ Initials _____		<input type="checkbox"/> Unsteady walking <input type="checkbox"/> Uncoordinated <input type="checkbox"/> Impaired balance <input type="checkbox"/> Vomiting <input type="checkbox"/> Drowsiness ("nodding off") <input type="checkbox"/> Dry mouth <input type="checkbox"/> Runny nose <input type="checkbox"/> Poor motor coordination <input type="checkbox"/> Increased appetite <input type="checkbox"/> Fine body tremors in hands/fingers <input type="checkbox"/> Flushed <input type="checkbox"/> Sudden and dramatic weight loss or weight gain Date above observed _____ Time above observed _____ Initials _____		<input type="checkbox"/> Odor on breath, or in general area <input type="checkbox"/> Physical evidence (i.e. Liquor bottle, drug paraphernalia) <input type="checkbox"/> Work Accident (along with other suspicions as marked) Date above observed _____ Time above observed _____ Initials _____	