

City of Memphis Government

Employee Notification of Reasonable Suspicion Drug/Alcohol Tests

Employee ID: _____

Employee Name: _____

Division and Work Site: _____

Supervisor's Name: _____

Collection Site: _____ DOT _____
NONDOT _____

You have been observed and your supervisor has documented specific behavioral, performance or contemporaneous physical indicators of possible drug and/or alcohol use. While you may not be using illegal drugs, misusing prescription drugs, or misusing alcohol, your behavior is indistinguishable from a person who is using illegal drugs, misusing prescription drugs and/or misusing alcohol. You are therefore required to immediately report, for reasonable suspicion drug and alcohol testing. You will be transported to the testing collection site and your supervisor will assist you in making arrangements for transportation to your house following the specimen collection. You will be relieved from your job duties with pay pending the results of the drug/alcohol test. If the test results are negative, you will be returned to your job duties. However, the City reserves the right to refer you to our EAP program for further evaluation.

Both your urine and your breath will be tested. If you are unable to provide a urine specimen of sufficient quantity, you will be given a waiting period. IF YOU ARE NOT ABLE TO PROVIDE THE SPECIMEN WITHIN THE WAITING PERIOD OR IF YOU LEAVE THE COLLECTION SITE BEFORE ALL TESTING IS COMPLETED, YOU WILL BE DEEMED TO HAVE REFUSED TO PROVIDE A SPECIMEN. You will also be administered an alcohol breath test. If your test indicates an alcohol reading of .02 or greater, you will have a waiting period and another test will be administered. If you refuse to provide either specimen, adulterate the sample, substitute the urine of another person, fail the drug test, or test above .02 on the alcohol test, you will be subject to disciplinary action up to and including termination.

Please take your driver's license or other photo-identification with you. A copy of this NOTICE must also be presented at the collection facility. A copy will be retained in your testing file, together with the Medical Review Officer's determination of the drug testing results and the BAT's alcohol testing results.

If you have any questions, contact the Drug-Free Workplace Program Office at 2714 Union Avenue Extended, Suite 500, Memphis, TN 38112 or by Phone: 901-636-6412.

PLEASE SIGN BELOW TO ACKNOWLEDGE RECEIPT OF THIS NOTICE.

Employee's Signature and Date

Supervisor's or Designee's Signature and Date



**City of Memphis
Reasonable Suspicion Determination Checklist**

Confidential
Section I

Employee Name: _____ **Position:** _____
Department: _____ **Location Observed:** _____
Date of Observation: _____ **Time:** _____ am/pm

Section II

Observations: Check all that apply:

- | | | |
|--|---|---|
| <p>BEHAVIOR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stumbling, unsteady, gait <input type="checkbox"/> Drowsy, sleepy, lethargic <input type="checkbox"/> Agitated, anxious, restless <input type="checkbox"/> Hostile, belligerent <input type="checkbox"/> Irritable, moody <input type="checkbox"/> Depressed, withdrawn <input type="checkbox"/> Unresponsive, distracted <input type="checkbox"/> Clumsy, uncoordinated <input type="checkbox"/> Tremors, shakes <input type="checkbox"/> Flu-like illness complaints <input type="checkbox"/> Suspicious paranoid <input type="checkbox"/> Hyperactive, fidgety <input type="checkbox"/> Suspicious paranoid <input type="checkbox"/> Excessive absenteeism or tardiness <input type="checkbox"/> Inappropriate, uninhibited behavior <input type="checkbox"/> Possessing, dispensing, or using controlled substance or alcohol <input type="checkbox"/> Drastic diminish in quality or quantity of work | <p>APPEARANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flushed complexion <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Cold, clammy sweat <input type="checkbox"/> Eyes: <ul style="list-style-type: none"> <input type="checkbox"/> bloodshot <input type="checkbox"/> tearing, watery <input type="checkbox"/> dilated (large) pupils <input type="checkbox"/> constricted pupils <input type="checkbox"/> unfocused, blank stare <input type="checkbox"/> Unkempt grooming <input type="checkbox"/> Disheveled clothing <input type="checkbox"/> Sudden and dramatic weight loss or gain <input type="checkbox"/> Disoriented or impaired motor skills | <p>SPEECH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slurred/incoherent <input type="checkbox"/> Slow deliberate or difficult <input type="checkbox"/> Exaggerated enunciation <input type="checkbox"/> Loud, boisterous <input type="checkbox"/> Rapid, pressured <input type="checkbox"/> Excessively talkative <input type="checkbox"/> Nonsensical, silly <input type="checkbox"/> Cursing, verbal abusiveness <input type="checkbox"/> Inappropriate verbal response to questions or instructions <p>BODY ODORS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana |
|--|---|---|

SUMMARY (summarize the facts and circumstances of the incident) If needed, attach additional page.

Section III

The observation, as documented above, were made of the employee identified in Section I

Observing Supervisor's Signature

Signature Date

Second Observing Supervisor's Signature

Signature Date