



Confidential Reasonable Suspicion Notification Form

In compliance with the Drug-Free Workplace Act of 1988 and in accordance to the University of Tennessee Drug Free Campus and Workplace Policy HR 0720, the University has a longstanding commitment to provide a safe and productive work environment consistent with the standards of the community in which abide. Alcohol and drug abuse poses a threat to the health and safety of University employees and to the security of the equipment and facilities utilized. For these reasons, the University is committed to the elimination of drug and alcohol use and abuse in the workplace.

This form should be used to determine and communicate reasonable suspicion. Therefore, upon completion this form should be submitted directly to HR Administration, for observation and/or review.

Instructions: Please complete and mark all observed on-duty actions of the alleged employee, which you have observed as reasonably suspicious behavior, of an individual under the influence of alcohol and/or drugs:

Alleged Employee Name (please print): _____

Alleged Employee Title: _____

Date of Observation: _____ Time of Observation: _____ AM/PM

Location of Observation: _____

Please summarize the specific facts and circumstances about the employee's behavior and your observations, include examples (attach additional sheets if necessary):

Mark all that apply:

Physical Indicators

- | Appearance | Eyes | Face | Breath / Odor |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Messy | <input type="checkbox"/> Watery | <input type="checkbox"/> Red | <input type="checkbox"/> Alcoholic Beverage |
| <input type="checkbox"/> Dirty/Stained Clothing | <input type="checkbox"/> Bloodshot | <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Strong |
| <input type="checkbox"/> Burns on Person/Clothing | <input type="checkbox"/> Glassy | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Ripped/Torn Clothing | <input type="checkbox"/> Droopy Lids | <input type="checkbox"/> Pale | <input type="checkbox"/> Mild |
| <input type="checkbox"/> Odor on Person/Clothing | <input type="checkbox"/> Closed | <input type="checkbox"/> Slobbering | <input type="checkbox"/> Faint |
| <input type="checkbox"/> Partially Dressed | | <input type="checkbox"/> Grinding Teeth | |
| | | <input type="checkbox"/> Sweaty | |
| | | <input type="checkbox"/> Cuts/Abrasions | |

Speech Indicators:

- | | | | | |
|-------------------------------------|--|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Shouting | <input type="checkbox"/> Slow | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Silent | <input type="checkbox"/> Rambling |
| <input type="checkbox"/> Rapid | | | | |
| <input type="checkbox"/> Whispering | <input type="checkbox"/> Thick/Slurred | <input type="checkbox"/> Repetitive | <input type="checkbox"/> Profane | |

Behavioral Indicators:

- | Demeanor | | | Actions | |
|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Polite | <input type="checkbox"/> Calm | <input type="checkbox"/> Fighting | <input type="checkbox"/> Profane |
| <input type="checkbox"/> Drowsy | <input type="checkbox"/> Crying | <input type="checkbox"/> Silent | <input type="checkbox"/> Erratic | <input type="checkbox"/> Hostile |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Excited | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Threatening | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Anxious | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Stumbling | <input type="checkbox"/> Non-communicative |

TO BE COMPLETED BY ADMINISTRATION AND/OR HR ONLY:

Observed by Employee's Immediate Supervisor

Name: _____ Title: _____ Date: _____

Observed by a Higher Ranking Employee other than Employee's Immediate Supervisor

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

University of Tennessee official giving the direct order for employee to be tested:

Name: _____ Title: _____

Signature: _____ Date: _____

Specifically, the employee is being ordered to submit to the following:

BREATHALYZER designed to detect the presence of alcohol and /or a

TOXICOLOGY TEST/ URINE TEST designed to detect the presence of chemical adulteration, marijuana metabolites, cocaine metabolites, opiates, amphetamines and phencyclidine

Test Administrator:

Name _____

Signature: _____

Title: _____ Date: _____