

### Reasonable Suspicion Testing Form

Please record the following information to document your reasonable cause/reasonable suspicion test determination.

Employee's Name (Last, First, Middle Initial): _____
Job Title: _____
Location of Incident: _____ Date: _____ Time Observed: _____
Supervisor's Name: _____

When completing this document, list all observations you noticed. Be as specific as possible including names of employees/witnesses, when and where you noticed these behaviors occurring, what the employee was doing at the time and any witnesses of these events.

Once the observations are documented, the supervisor should immediately meet with the second line supervisor (concurring official), and make a decision as soon as possible on whether or not the employee should be further interviewed and whether or not to send the employee for reasonable suspicion testing. If the decision is to send the employee for testing, this form is then to be submitted to the Director, Division of Personnel Security and Ethics, IHS. Testing will be in accordance with HHS drug testing procedures.

1. Was the employee arrested or convicted for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking? Yes: \_\_\_\_ No: \_\_\_\_

2. If based on direct observation, describe how you became aware that this employee was suspected of impaired behavior and exactly what information was provided, any witnesses (request documentation from each witness), the response from the employee when interviewed, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If not direct observation, was information provided either by reliable and credible sources or independently corroborated? (Documentation required) Yes: \_\_\_\_ No: \_\_\_\_

4. Was there any newly discovered evidence that the employee has tampered with a previous drug test? Yes: \_\_\_\_ No: \_\_\_\_

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#### Observations (Please check all that apply, and include descriptions of unusual behavior)

**Appearance:**

- |                                     |  |  |  |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Normal     | <input type="checkbox"/> Tremors/ Twitches     | <input type="checkbox"/> Flushed or Pale | <input type="checkbox"/> Dilated Pupils        |
| <input type="checkbox"/> Sleepy     | <input type="checkbox"/> Sores/ Puncture Marks | <input type="checkbox"/> Heavy Eyelids   | <input type="checkbox"/> Bloodshot eyes        |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Excessive Sweating    | <input type="checkbox"/> Cleanliness     | <input type="checkbox"/> Other (explain below) |

Description/Notes: \_\_\_\_\_

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**Behavior/ Demeanor:**

- |                                    |                                   |  |   |
|------------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Nervous   | <input type="checkbox"/> Erratic  | <input type="checkbox"/> Mood Swings                 | <input type="checkbox"/> Lethargic      |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Verbally/Physically Abusive | <input type="checkbox"/> Highly Excited |

IHS Reasonable Suspicion Documentation & Testing

- Confusion/Inattentive     Combative     Fatigue/ Sleeping/ Drowsiness     Other (explain below)

Description/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor Skills:**

- Normal     Swaying     Falling     Unbalanced     Other (explain below)  
 Unsteady     Lack of Coordination     Fidgety     Stumbling

Description/Notes: \_\_\_\_\_  
\_\_\_\_\_

**Speech:**

- Normal     Slurred     Loud     Other (explain below)  
 Incoherent     Exaggerated     Talking Excessively

Description/Notes: \_\_\_\_\_  
\_\_\_\_\_

**Odor:**

- Normal     Smell of Alcohol     Excessive Cologne  
 Body Odor     Smell of Marijuana     Other (explain below)

Description/Notes: \_\_\_\_\_  
\_\_\_\_\_

**Referred for Testing:**     Yes     No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's signature certifies the accuracy that the answers given on this questionnaire are to the best of his/her knowledge and belief.

Supervisor's Name: (print) \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ Office Address: \_\_\_\_\_

Concurring Supervisor's printed Name: \_\_\_\_\_

Concurring Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

IHS Drug Testing Program Coordinator Review:

Review By: \_\_\_\_\_ Date: \_\_\_\_\_