



**Reasonable Suspicion
BEHAVIORAL OBSERVATION CHECKLIST**

ATTACHMENT H

Employee's Name: _____ Location: _____ Date: _____
 Witnesses: _____ Time Observed: _____ am/pm to _____ am/pm

Directions:

Observations need to be done by a trained administrator and should be done with two people when possible. The Executive Director of Human Resources or the Director of Transportation can be utilized for support in the observation process.

Circle the pertinent items based on observation of the employee.

1. Walking/Standing/Movement:

Normal	Stumbling/Staggering	Unsteady	Unable to walk	Swaying
Other				

2. Speech:

Normal	Shouting	Silent	Whispering	Slow
Rambling/Incoherent	Slurred	Other		

3. Behavior:

Normal	Cooperative	Resistant	Drowsy/Lethargic	Erratic
Hostile/Aggressive	Irritable	Crying	Nervous	Other

4. Appearance

Neat	Unruly	Messy	Dirty	Stained
Partially dressed	Perspiration	Flushed	Pale	Other

5. Body Odor

No Odor	Alcohol Odor	Sweet/Pungent Tobacco	Heavy Usage/Breath Spray	Other
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6. Eyes

Bloodshot	Watery	Droopy	Dilated	Glassy
Closed	Other			

7. Search of property:

If deemed appropriate, the trained responder reserves the right to search and inspect company property.

Was property searched? Yes No
 Were any drugs or drug paraphernalia found? Yes No



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8. Other Observations:

Contact the Executive Director of Human Resources or Director of Transportation.

9. Conclusion based on behavioral Observation

	<p>There <u>is not</u> a reasonable suspicion that the employee is under the influence of drugs and/or alcohol and will remain at work. No further action necessary. <i>Submit this form to the Executive Director of human resources.</i></p>
	<p>Drugs/drug paraphernalia was found on property. Call SRO and complete the documentation. <i>Submit this form to the Executive Director of human resources.</i></p>
	<p>There <u>is</u> a reasonable suspicion that the employee is under the influence of drug and/or alcohol. The suspected employee was asked to meet and complete Employee Consent and Refusal Form.</p>

10. Action Taken

	<p>Admitted to being under the influence of illegal drugs and/or alcohol. Complete Employee Consent and Refusal Form. <i>Submit entire form to the Executive Director of Human Resources</i></p>
	<p>Asked to have test done and employee <i>agreed</i>. Complete Employee Consent and Refusal Form. <u>M-F 7:30a-5:00p</u> : Contact Sanford Occupational Health at 701-234-4700, press 0, and explain that you have an employee who is reasonably suspected to be under the influence of drugs or alcohol. Transport the person to Sanford Occupational Health at 3838 12th Av N for testing. Employees must have a valid ID. <u>M-F after 5pm and Saturday and Sunday</u>, Contact Sanford Emergency room at 701- 234-2000 and transport to 720 4th Street N. Rapid drug screening will be conducted.</p> <ul style="list-style-type: none"> ● If the drug screen is <u>negative</u>, the employee can return to work. ● If the results are a <u>non-negative</u>, the sample goes to a lab for further testing. Transport the employee home and explain that they are not to report to work, they will be paid for the time off if they were scheduled to work, and the Executive Director of human resources will be contacting them with further information. If the employee asks other questions, explain that you are not able to answer those. If the employee attempts to drive, gather information about the make and model of the car and contact Law Enforcement by calling 911. Be prepared to provide a description of vehicle direction of travel and provide information that there was determined to be a reasonable suspicion of impairment on the job. <p><i>Submit entire form to the Executive Director of Human Resources</i></p>
	<p>Asked to have test done and employee <i>refused</i>. Complete Employee Consent and Refusal Form. Inform the employee that the Executive Director of human resources will contact him/her. Transport the employee home. If you are not comfortable transporting the employee, call a taxi and pay for said taxi and submit receipt. If the employee attempts to drive inform him/her you/Trained Responder will gather information about the make and model of car and Law Enforcement by calling 911. <i>Submit entire form to the Executive Director of Human Resources</i></p>
	<p>Admitted to being under the influence of illegal drugs and/or alcohol. Complete Employee Consent and Refusal Form and have test completed. <i>Submit entire form to the Executive</i></p>



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Director of Human Resources

Signature of trained administrator: _____
Date: _____

EMPLOYEE CONSENT/REFUSAL FORM

To be completed by the trained administrator:

Employee Name: _____

Date and Time: _____ Location: _____

Others involved: _____

To be read and filled out by the employee: If the employee refuses or is unable to read, the trained administrator should read aloud the following paragraph and note such action:

I understand that I have been selected for a drug and/or alcohol test or search under Moorhead School Board Policy _____ that previously has been given and explained to me. **I know that if I refuse to be tested, that this constitutes a violation of the Policy, and I may be subject to disciplinary action up to and including termination.** I understand that my test results and any failure by me to cooperate will be disclosed to administration. I know that if I fail the test, I may be disciplined and will be required to cooperate in an evaluation, complete any recommended treatment at the cost of the employee, and comply with other conditions of continued employment. I have considered my options and freely and voluntarily decided to (check one):

_____ Consent to be tested

_____ Refuse to be tested

_____ Waived testing due to admission of illegal drug and/or alcohol use

Employee Signature

Date

Witness/Trained administrator Signature

Date

FOR NOTIFICATION PURPOSES ONLY:

Employees are provided with School Board Policy 421 and following notice upon employment:

School Board Policy 421, Attachment D: PRETEST NOTICE

Upon the return of the test results, the following will be reviewed:

School Board Policy 421, Attachment E: NOTICE OF TEST RESULTS AND VARIOUS RIGHTS



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If a positive test result is obtained, the following will be reviewed:
School Board Policy 421, Attachment F: EXPLANATION OF POSITIVE TEST RESULT



MOORHEAD
AREA PUBLIC SCHOOLS

Accent on Excellence

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SANFORD

**Signs and Symptoms of Alcohol Misuse
and Controlled Substance Abuse**

ALCOHOL

Odor of alcohol on breath
Slurred speech
Bloodshot, watery eyes
Poor balance
Involuntary, sudden movements of eyes

MARIJUANA

Very bloodshot eyes
Muscular tremors (involuntary quivering)
Impaired time and distance perception
Short attention span
Disoriented behavior
Unable to divide attention

COCAINE

Uncontrolled talkativeness
Difficulty focusing eyes
Extremely excitable behavior
Dilated pupils
Sniffles and/or runny nose
Body tremors
Teeth grinding
Distorted thinking

**AMPHETAMINES &
METHAMPHETAMINES**

Dilated pupils
Distorted thinking
Exaggerated reflexes
Hallucinations
Repetitive bizarre behavior
Jaw grinding
Anorexia
Loss of coordination
Physical collapse

OPIATES

Constricted pupils
Droopy eyelids
Dry mouth
Low raspy speech
Depressed reflexes
Poor condition

PHENCYCLIDINE (PCP)

Impaired driving ability
Thick, impaired speech
Poor coordination
Violent, combative behavior
Behavior recurring in cycles
Involuntary eye movement
Confusion, loss of memory
Disoriented to time and environment

Alphabetical list of symptoms

Anorexia
Behavior recurring in cycles
Bloodshot, watery eyes
Body tremors
Confusion, loss of memory
Constricted pupils
Depressed reflexes
Difficulty focusing eyes
Dilated pupils
Disoriented Behavior
Disoriented to time and environment
Distorted thinking
Droopy eyelids
Dry mouth
Exaggerated reflexes
Extremely excitable behavior
Hallucinations
Impaired driving ability
Impaired time and distance perception
Involuntary, sudden movements of eyes
Jaw grinding
Loss of coordination
Low raspy speech
Muscular tremors (involuntary quivering)
Odor of alcohol on breath
Physical collapse
Poor balance
Poor condition
Poor coordination
Repetitive bizarre behavior
Short attention span
Slurred speech
Sniffles and/or runny nose
Teeth grinding
Thick, impaired speech
Unable to divide attention
Uncontrolled talkativeness
Violent, combative behavior

Information from J.J.Keller's Reasonable Suspicion
Testing Training for Supervisors

