



### Reasonable Suspicion Process & Notification Form

This form should be used to determine and communicate reasonable suspicion PRIOR to testing an employee. If reasonable suspicion is found, this document may also be used to notify employees that 1) reasonable suspicion has been established according to the Medical College of Ohio, pursuant to § 57.2 D of the AFSCME/MCO Collective Bargaining Agreement and/or MCO Policy #05-066 and 2) that they are being ordered to submit to a random drug and/or alcohol test.

**Note: Unionized employees have the right to union representation at the time of questioning.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Employee filling out this Form (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Employee Name (please print): \_\_\_\_\_

**Check One:**

Title: \_\_\_\_\_ Probationary \_\_\_\_\_ Non-Probationary

*Please note all observed on-duty behavior and physical signs or symptoms, which leads MCO to reasonably believe that the employee above has recently used, or is under the influence of, alcohol and/or drugs (check all that are applicable):*

Location of Observation: \_\_\_\_\_

**PHYSICAL INDICATORS:**

**APPEARANCE**

- Messy
- Dirty/Stained Clothing
- Burns on Person/Clothing
- Ripped/Torn Clothing
- Odor on Person/Clothing
- Partially Dressed
- Appears Normal

**EYES**

- Watery
- Bloodshot
- Glassy
- Droopy Eye Lids
- Closed
- Appears Normal

**FACE**

- Red
- Runny Nose
- Dry Mouth
- Pale
- Slobbering
- Grinding Teeth
- Sweaty
- Cuts/Abrasions
- Appears Normal

**BREATH / ODOR**

- Alcoholic Beverage
- Strong
- Chemical
- Mild
- Faint
- Nothing Noticeable

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPEECH INDICATORS:**

- Shouting
- Slow
- Incoherent
- Silent
- Rambling
- Rapid
- Thick/Slurred
- Repetitive
- Profane
- Appears Normal
- Whispering

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORAL INDICATORS:**

**DEMEANOR**

- Cooperative
- Drowsy
- Talkative
- Fighting
- Appears Normal
- Disoriented
- Polite
- Crying
- Excited
- Anxious
- Inattentive
- Calm
- Silent
- Sarcastic
- Mood Swings
- Appears Normal

**ACTIONS**

- Fighting
- Erratic
- Threatening
- Non-communicative
- Profane
- Hostile
- Hyperactive

Notes:

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

**PERFORMANCE INDICATORS:**

**STANDING**

- Swaying
- Falling
- Rigid
- Rapid
- Unbalanced
- Appears Normal
- Locked Knees
- Feet Wide Apart
- Sagging at Knees

**WALKING**

- Stumbling
- Swaying
- Holding On
- Appears Normal
- Staggering
- Unsteady
- Rigid
- Stiff Legged

Notes:

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

Names of Informants and/or Sources of Information, if any: \_\_\_\_\_

\_\_\_\_\_

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

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

**OBSERVERS:** - must be by at least two supervisors or higher ranking officials, and confirmed by a union steward, where possible:

- Observed by Employee's Immediate Supervisor

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Optional:**

Observation confirmed by a Union Steward [  Check here if Steward refused to acknowledge ]

Steward Name (please print): \_\_\_\_\_

Steward Signature: \_\_\_\_\_

**MCO Official Giving the Direct Order for Employees to be Tested (Admin. Coordinator, Department Head or Higher Ranking MCO Representative):**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**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

**Refusal to submit to urine or breath testing after being properly ordered to do so may result in disciplinary action.**

**For Toxicology Tests/Urine Tests only, you will be deemed to be on leave with pay for the balance of the work day and until further notice.**

*The signatures below indicates your acknowledgement of this information, and is not necessarily indicating your agreement.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
On behalf of AFSCME Local 2415

\_\_\_\_\_  
Date