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 University of Toledo Policy 3364-25-105: Drug and alcohol abuse, and 2) that they are being ordered to submit to a random drug and/or alcohol test in accordance with University procedure 3364-25-105.1 and UT/AFSCME Collective Bargaining Agreement Article 54.

**AFSCME employees have the right to union representation during the interview.**

Date: _______________________________  Time: _______________ AM / PM

Employee being observed (please print): __________________________________________________

**Check One:**

Title: _______________________________  ____ Probationary  ____ Non-Probationary

Please note all observed on-duty behavior and physical signs or symptoms, which leads UT 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

**BREATHE | ODOR**

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

Notes:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**SPEECH INDICATORS**

___ Shouting  
___ Slow  
___ Incoherent  
___ Silent  
___ Rambling  
___ Rapid  
___ Whispering  
___ Thick | Slurred  
___ Repetitive  
___ Profane  
___ Appears Normal

Notes:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
**BEHAVIORAL INDICATORS**

<table>
<thead>
<tr>
<th>Demeanor</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Cooperative</td>
<td>___ Fighting</td>
</tr>
<tr>
<td>___ Polite</td>
<td>___ Profane</td>
</tr>
<tr>
<td>___ Calm</td>
<td>___ Erratic</td>
</tr>
<tr>
<td>___ Drowsy</td>
<td>___ Hostile</td>
</tr>
<tr>
<td>___ Crying</td>
<td>___ Threatening</td>
</tr>
<tr>
<td>___ Silent</td>
<td>___ Hypermotic</td>
</tr>
<tr>
<td>___ Talkative</td>
<td>___ Non-Communicative</td>
</tr>
<tr>
<td>___ Excited</td>
<td>___ Appears Normal</td>
</tr>
<tr>
<td>___ Sarcastic</td>
<td></td>
</tr>
<tr>
<td>___ Fighting</td>
<td>___ Appears Normal</td>
</tr>
<tr>
<td>___ Anxious</td>
<td>___ Mood Swings</td>
</tr>
<tr>
<td>___ Mood Swings</td>
<td></td>
</tr>
<tr>
<td>___ Inattentive</td>
<td>___ Appears Normal</td>
</tr>
</tbody>
</table>

Notes:

_________________________________________________________________________________________
_________________________________________________________________________________________

**PERFORMANCE INDICATORS**

<table>
<thead>
<tr>
<th>Standing</th>
<th>Walking</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Swaying</td>
<td>___ Stuttering</td>
</tr>
<tr>
<td>___ Falling</td>
<td>___ Staggering</td>
</tr>
<tr>
<td>___ Locked Knees</td>
<td>___ Unsteady</td>
</tr>
<tr>
<td>___ Rigid</td>
<td>___ Holding On</td>
</tr>
<tr>
<td>___ Feed Wide Apart</td>
<td>___ Rigid</td>
</tr>
<tr>
<td>___ Unbalanced</td>
<td>___ Sagging at Knees</td>
</tr>
<tr>
<td>___ Appears Normal</td>
<td>___ Stiff Legged</td>
</tr>
<tr>
<td></td>
<td>___ Appears Normal</td>
</tr>
</tbody>
</table>

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, including examples (attach additional sheets, if necessary):

_________________________________________________________________________________________
_________________________________________________________________________________________

**OBSERVERS:** Must be by at least two supervisors or higher ranking officials.

☐ Observed by University Supervisor

Name: ______________________________________________ Title: ___________________________

☐ Observed by a Higher Ranking Employee or second University Supervisor

Name: ______________________________________________ Title: ___________________________

Name: ______________________________________________ Title: ___________________________

Name: ______________________________________________ Title: ___________________________
The University of Toledo Official Giving the Direct Order for Employee to be Tested:

Name: _______________________________________________ Title: _____________________________

Signature:  ____________________________________________   Date:_____________________________

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 up to and including termination of your employment.

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

_____________________________________________________________ Date
Signature of Union Representative