



Drug-Free Workplace Policy 2.1.25 Reasonable Suspicion Testing Process

Applies to: Faculty, staff and student employees

Observation of Behavior

When a supervisor is notified or suspects an individual may be in violation of the Drug-Free Workplace Policy 2.1.25:

- The supervisor must observe the behavior of the individual and immediately complete the Reasonable Suspicion Testing Checklist.
- After completing the Reasonable Suspicion Testing Checklist, if the supervisor believes there is reasonable suspicion that the individual may be in violation of the policy (e.g. using or being under the influence of drugs or alcohol while at work), the supervisor must contact their manager. If after a reasonable effort, the supervisor is unable to contact the manager, another witness (such as a supervisor, manager, or Human Resources Professional) must be utilized.
- The other witness must observe the behavior of the individual and complete a separate Reasonable Suspicion Testing Checklist.
- After completing the Reasonable Suspicion Testing Checklist, if the supervisor and witness believe the individual may be in violation of the policy, the supervisor and witness must escort the individual to an area where a conversation with the individual can be held in private.
- An Office of Human Resources employee must be consulted when feasible.

Two Witnesses

Both the supervisor and second witness should be involved in all steps of the process and both are expected to fully document the events immediately.

Notification of Possible Violation to Individual

The supervisor will inform the individual that the individual may be in violation of the Drug-Free Workplace Policy and will inform the individual of the supervisor and other witness observations. The supervisor must ask the individual to offer an explanation of the observed behaviors (“*What explanation do you have for these behaviors?*”). Both the manager and supervisor will document the conversation, including noting if the individual declined to comment.

If both the supervisor and other witness believe the individual is in violation of the policy, they will inform the individual that they believe the individual is in violation of the policy, ask the individual to submit to a reasonable suspicion drug/alcohol test, and sign and complete the **Reasonable Suspicion Testing Consent Form** indicating the individual’s consent or refusal to the screening.

For example, the supervisor might say, “*At this time, we believe you are in violation of the Drug Free Workplace policy and are requesting that you submit to a reasonable suspicion drug/alcohol test. This test will involve screenings to detect the presence of alcohol or drugs in your system. A positive test could result in corrective action, up to and including termination of your employment. Please read this consent form and sign in the appropriate area to indicate either your consent to or your refusal to the test. Failure to submit to and/or complete this testing may lead to corrective action, up to and including termination of employment.*”

If the employee is covered under a collective bargaining agreement and the employee requests union representation, the employee will have the right to consult with a union representative. If requested, up to one half hour will be made available to obtain this consultation.



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Minors

If the individual is 17 years of age or younger, the parent or guardian must be contacted to provide consent.

Individual Refuses Testing

If the individual refuses to submit to the testing, the supervisor must tell the individual that refusal to submit to and complete the testing could subject them to corrective action up to and including termination of employment. The supervisor should again ask the individual to submit to the testing.

If the individual refuses again, the supervisor will inform the individual that the refusal could subject them to corrective action. The supervisor will inform the individual to report to duty at their next assigned shift and should instruct and assist, if necessary, the individual to make arrangements to be taken home safely. If the individual insists upon driving home, the manager and supervisor will inform the individual that both campus and local police will be notified and again instruct the individual to make arrangements to get home safely. If the individual refuses, the supervisor should obtain vehicle information such as make, model, color, license plate number and must notify campus Safety & Security that the supervisor is the supervisor of an individual suspected of being in violation of the Drug-Free Workplace policy and that the suspected individual may be attempting to operate a vehicle. Safety & Security will notify local police in accordance with its procedures.

The supervisor must report this refusal to HR as soon as possible.

Individual Consents to Testing

If the individual consents to testing, the supervisor should contact and inform the Drug Testing Coordinator within the Office of Human Resources, if possible. The Drug Testing Coordinator will arrange for testing. Otherwise, the supervisor should contact and inform the appropriate specimen collector (see below) that they are the supervisor of an individual suspected of being in violation of the Drug-Free Workplace policy and that the suspected individual will be transported to the specimen collection location for a drug/alcohol screening. The supervisor and manager will transport the individual to the collection location. A copy of the completed Reasonable Suspicion Testing Checklist, a copy of the Reasonable Suspicion Testing Consent Form, and any other relevant documentation should be immediately faxed to 740-366-9566 to the attention of the **Drug Testing Coordinator**. If there is a safety concern, contact Safety and Security at 740-366-9237 and a request will be made for an officer to follow the transporting vehicle containing the supervisor, manager, and individual.

Specimen Collection Contacts

Company Care	1865 Tamarack Rd Newark, Ohio 43055	T: 740-348-4972	F: 740-348-4991
Drug Testing Coordinator	Sherry Abbott COTC Office of Human Resources	T:740-364-9550	F: 740-364-9566

The supervisor and other witness will remain with the individual while at the collection location.

If the individual refuses to cooperate in the testing process, the supervisor must tell the individual that refusal to submit to and complete the testing could subject them to corrective action up to and including termination of employment.



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If after reasonable efforts have been made to enable the individual to provide a breath or urine specimen and the individual is unable to do so, an evaluation by Company Care medical personnel is to be conducted to establish medical impediment to providing a specimen. If no medical impediment exists, it is considered a refusal to test.

Once the screening has been completed, the supervisor will inform the individual to report to duty at their next assigned shift and should instruct the individual to make arrangements to be taken home safely. If the individual insists upon driving home, the supervisor and other witness will inform the individual that both Safety and Security and local police may be notified and again instruct the individual to make arrangements to get home safely. If the individual refuses, the supervisor should obtain vehicle information such as make, model, color, and license plate number and must notify campus Safety & Security that they are the supervisor of an individual suspected of being in violation of the Drug-Free Workplace policy and that the suspected individual may be attempting to operate a vehicle. Safety & Security will notify local police in accordance with its procedures.

Test Results

Test results and Company Care's report will be reviewed by the Drug Testing Coordinator who will determine if a policy violation occurred. The Office of Human Resources will work with the department manager or senior-level administrator to determine next steps.

Reasonable Suspicion Testing Checklist

This checklist and consent form is used to determine and document reasonable suspicion of a potential violation of the Drug- Free Workplace policy. In such instances, both the supervisor and manager observing the behavior and also another supervisor/manager as witness must each complete a checklist. It must be completed prior to testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing.

Date: _____ Time: _____ a.m. / p.m.

Name of observed individual (Print): _____ Employee ID#: _____

OBSERVED INDICATORS CHECKLIST:

Physical Indicators:

<p>WALKING</p> <p><input type="checkbox"/> Holding on</p> <p><input type="checkbox"/> Stumbling</p> <p><input type="checkbox"/> Unable to walk</p> <p><input type="checkbox"/> Unsteady</p> <p><input type="checkbox"/> Staggering</p> <p><input type="checkbox"/> Swaying</p> <p><input type="checkbox"/> Falling</p> <p><input type="checkbox"/> Other _____</p>	<p>FACE</p> <p><input type="checkbox"/> Red/flushed</p> <p><input type="checkbox"/> Pale</p> <p><input type="checkbox"/> Sweaty</p> <p><input type="checkbox"/> Appears normal</p> <p><input type="checkbox"/> Slobbering</p> <p><input type="checkbox"/> Grinding teeth</p> <p><input type="checkbox"/> Dry mouth</p> <p><input type="checkbox"/> Runny nose</p> <p><input type="checkbox"/> Other _____</p>	<p>SPEECH</p> <p><input type="checkbox"/> Whispering</p> <p><input type="checkbox"/> Slurred</p> <p><input type="checkbox"/> Shouting</p> <p><input type="checkbox"/> Incoherent</p> <p><input type="checkbox"/> Silent</p> <p><input type="checkbox"/> Rambling</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Other _____</p>	<p>BREATH/ODOR</p> <p><input type="checkbox"/> No alcohol odor</p> <p><input type="checkbox"/> Faint alcohol odor</p> <p><input type="checkbox"/> Strong alcohol odor</p> <p><input type="checkbox"/> Sweet/pungent tobacco odor</p> <p><input type="checkbox"/> Chemical odor</p> <p><input type="checkbox"/> Marijuana odor</p> <p><input type="checkbox"/> Breath spray/mouthwash</p> <p><input type="checkbox"/> None <input type="checkbox"/> Gum</p> <p><input type="checkbox"/> Mints <input type="checkbox"/> Candy</p> <p><input type="checkbox"/> Other _____</p>
<p>STANDING</p> <p><input type="checkbox"/> Swaying</p> <p><input type="checkbox"/> Feet wide apart</p> <p><input type="checkbox"/> Rigid</p> <p><input type="checkbox"/> Staggering</p> <p><input type="checkbox"/> Sagging at knees</p> <p><input type="checkbox"/> Other _____</p>	<p>EYES</p> <p><input type="checkbox"/> Watery</p> <p><input type="checkbox"/> Bloodshot</p> <p><input type="checkbox"/> Glassy</p> <p><input type="checkbox"/> Dilated</p> <p><input type="checkbox"/> Closed</p> <p><input type="checkbox"/> Droopy eye</p> <p><input type="checkbox"/> _____ lids</p> <p><input type="checkbox"/> Appear normal</p>	<p>MOVEMENTS</p> <p><input type="checkbox"/> Fumbling</p> <p><input type="checkbox"/> Jerky</p> <p><input type="checkbox"/> Nervous</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Other _____</p>	<p>APPEARANCE</p> <p><input type="checkbox"/> Messy</p> <p><input type="checkbox"/> Dirty/stained clothing</p> <p><input type="checkbox"/> Burns on person/clothing</p> <p><input type="checkbox"/> Ripped/torn clothing</p> <p><input type="checkbox"/> Partially dressed</p> <p><input type="checkbox"/> Puncture marks/needle tracks</p> <p><input type="checkbox"/> Appears normal</p>

Behavioral Indicators:

<p>DEMEANOR</p> <p><input type="checkbox"/> Cooperative <input type="checkbox"/> Polite <input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Talkative <input type="checkbox"/> Silent <input type="checkbox"/> Resisting communication</p> <p><input type="checkbox"/> Sarcastic <input type="checkbox"/> Belligerent <input type="checkbox"/> Tearful/crying</p> <p><input type="checkbox"/> Anxious <input type="checkbox"/> Excited <input type="checkbox"/> Mood changes</p> <p><input type="checkbox"/> Disoriented <input type="checkbox"/> Inattentive <input type="checkbox"/> Appears normal</p> <p><input type="checkbox"/> Sleepy <input type="checkbox"/> Drowsy <input type="checkbox"/> Other _____</p>	<p>ACTIONS</p> <p><input type="checkbox"/> Fighting <input type="checkbox"/> Profanity</p> <p><input type="checkbox"/> Erratic <input type="checkbox"/> Hostile</p> <p><input type="checkbox"/> Threatening <input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Non-communicative <input type="checkbox"/> Sleeping on job</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Argumentative</p>
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Comments and other observations: _____

Additional facts:

Presence of alcohol and/or drugs in individual's possession or vicinity

On the job misconduct by individual (specify) _____

Individual admission concerning alcohol use and/or drug use or possession

List other witnesses to individual's conduct and summarize what they say they witnessed below

Individual declined to comment, or

Individual's explanation for behavior _____

Is individual at least 18 years of age? YES NO If "no", name of parent/guardian contacted: _____

Completed by (signature): _____ Date: _____ Time: _____ a.m./p.m.

(Printed name): _____ Title: _____

Fax all documentation to 740-364-9566 to "Office of Human Resources – Attn: Drug Testing Coordinator, or bring to Office of Human Resources – 1179 University Drive, Newark, Ohio. For questions, call 740-366-9367.

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Date: _____ Time: _____ a.m. / p.m.

Name of observed individual (Print): _____ Employee ID#: _____

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Reasonable Suspicion Testing Consent Form

I, _____ (individual name), as an employee or student employee of Central Ohio Technical College, have been informed that:

1. An individual may not be in violation of the Drug-Free Workplace policy.
2. An individual may be asked to submit to a drug/alcohol test if reasonable suspicion exists that an individual may be in violation of the Drug-Free Workplace policy.
3. I have been asked to submit to a drug/alcohol test to determine if I am in violation of the university Drug-Free Workplace Policy.
4. The test will include a request for a urine sample and a breath alcohol test.
5. I may be transported to and from a designated location where the specimens will be collected.
6. The test results will be provided to the university Drug Testing Coordinator.
7. A positive test could result in corrective action up to and including termination of employment.
8. I may refuse my consent to submit to the drug/alcohol test.
9. I will be subject to the corrective action up to and including termination if I refuse the screening or test, adulterate or dilute the specimen, substitute the specimen, send an imposter, or refuse to cooperate in the testing process in such a way that prevents completion of the test.

Individual's statement regarding allegation: _____

At the conclusion of this process, I will be instructed to make arrangements for my safe transportation home and that my supervisor will notify Safety and Security and that local police may be notified if I attempt to operate a vehicle.

I have read the form and **agree** to undergo testing for drugs and/or alcohol _____
(Employee/Student EE signature) (Date)

I have read the form and **refuse** to undergo testing for drugs and/or alcohol _____
(Employee/Student EE signature) (Date)

Witnessed by (signature): _____ **Date:** _____ **Time:** _____ a.m./p.m.
(Printed name): _____ **Title:** _____

Witnessed by (signature): _____ **Date:** _____ **Time:** _____ a.m./p.m.
(Printed name): _____ **Title:** _____

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