



Hoffman Car Wash, Inc.
Substance Abuse Reasonable Suspicion Report

Employee Name: _____
Observation Date: _____
Time From: _____ am/pm To: _____ am/pm
Location: _____

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee may have or has violated the Company's substance abuse policy. You should note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has engaged in such prohibited conduct.

REASONABLE SUSPICION DETERMINED FOR ALCOHOL __ DRUGS __

A. Nature of Incident/Cause for Suspicion

- Observed/report possession or use of prohibited substance (including a complaint)
- Apparent drug or alcohol use
- Observed abnormal or erratic behavior
- Arrest or conviction for drug-related and/or driving while intoxicated offense
- Evidence of tampering on a previous drug and/or alcohol test
- Other (e.g., flagrant violation of safety rules or serious misconduct, accident or "near miss" fighting, or argument/abusive language, refusal to follow manager's instructions, unauthorized absence)

B. Behavioral Indicators Notes

- Verbal abusiveness
- Physical abusiveness
- Extreme aggressiveness or agitation
- Withdrawal, depression, tearfulness, unresponsiveness, or lethargic
- Inappropriate verbal response to questioning or instructions
- Irritable
- Mood swings
- Other erratic or inappropriate behavior (e.g. hallucinations, disoriented. Excessive euphoria, talkativeness, confused) (Please specify)

C. Physical Signs or Symptoms

- Possessing, dispensing, or using prohibited substance
- Slurring or incoherent speech
- Dilated or constricted pupils or unusual eye movement
- Bloodshot or watery eyes
- Extreme fatigue or sleeping on the job
- Excessive sweating or clamminess of skin
- Flushed or very pale face
- Highly excited or nervous
- Nausea or vomiting

- Odor of Alcohol
- Odor of Marijuana
- Disheveled appearance or out of uniform
- Dry Mouth (frequent swallowing/lip wetting)
- Dizziness or fainting
- Shaking hand or body tremors/twitching
- Breathing irregularity or difficulty breathing
- Inappropriate wearing of sunglasses and long sleeve shirts
- Puncture marks or "tracks"
- Other observed actions or behavior (state objective evidence supporting reasonable suspicion that the employee may have or has violated the drug and or alcohol prohibitions contained in Hoffman's substance abuse policy. Physical evidence should be retained and stored.
- Indication of the chronic and withdrawal effects of drugs and alcohol

Yes ___ No ___ Explain

Manager: _____
 Signature Title Date Time