

**Northwestern Michigan College
SUPERVISOR'S REPORT OF ALCOHOL AND ILLICIT DRUG USE-REASONABLE SUSPICION**

Section 1

Employee Name: _____ Position: _____
 Department: _____ Location Observed: _____
 Date of Observation: _____ Time: _____ am/pm

Section 2

Observations: Check ALL that apply:

- | | | |
|---|--|---|
| <p>BEHAVIOR</p> <input type="checkbox"/> stumbling, unsteady gait
<input type="checkbox"/> drowsy, sleepy, lethargic
<input type="checkbox"/> agitated, anxious, restless
<input type="checkbox"/> hostile, belligerent
<input type="checkbox"/> irritable, moody
<input type="checkbox"/> depressed, withdrawn
<input type="checkbox"/> unresponsive, distracted
<input type="checkbox"/> clumsy, uncoordinated
<input type="checkbox"/> tremors, shakes
<input type="checkbox"/> flu-like illness complaints
<input type="checkbox"/> suspicious, paranoid
<input type="checkbox"/> hyperactive, fidgety
<input type="checkbox"/> inappropriate, uninhibited behavior
<input type="checkbox"/> possessing, dispensing, or using controlled substance or alcohol | <p>APPEARANCE</p> <input type="checkbox"/> flushed complexion
<input type="checkbox"/> excessive sweating
<input type="checkbox"/> cold, clammy sweats
<input type="checkbox"/> eyes:
<input type="checkbox"/> bloodshot
<input type="checkbox"/> tearing, watery
<input type="checkbox"/> dilated (large) pupils
<input type="checkbox"/> constricted (pinpoint) pupils
<input type="checkbox"/> unfocused, blank stare
<input type="checkbox"/> unkempt grooming
<input type="checkbox"/> disheveled clothing | <p>SPEECH</p> <input type="checkbox"/> slurred, thick
<input type="checkbox"/> incoherent
<input type="checkbox"/> exaggerated enunciation
<input type="checkbox"/> loud, boisterous
<input type="checkbox"/> rapid, pressured
<input type="checkbox"/> excessively talkative
<input type="checkbox"/> nonsensical, silly
<input type="checkbox"/> cursing, verbal abusiveness
<input type="checkbox"/> inappropriate verbal response to questions or instructions |
| | | <p>BODY ODORS</p> <input type="checkbox"/> alcohol
<input type="checkbox"/> marijuana |

SUMMARY (circumstances, employee response, supervisor actions, other observations):

Section 3

The observations, as documented above, were made of the employee identified in Section 1.

Supervisor's Signature	Signature Date
Supervisor's name (printed or typed) _____	
Additional Witness: (optional) _____	
Witness' Signature	Signature Date
Witness' name (printed or typed) _____	

Section 4

Test Determination:

<input type="checkbox"/> On-Site Screening Test Administered – Results greater than .02% blood alcohol concentration: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> No Test Conducted:
<input type="checkbox"/> Off-Site Reasonable Suspicion Alcohol Test	<input type="checkbox"/> Employee transported for medical care
<input type="checkbox"/> Off-Site Reasonable Suspicion Drug Test	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> No Test Required	
<input type="checkbox"/> Employee Refused Test	

Section 5

Employee transported to test site by: _____ Time transported _____ am/pm
 Test Site: **Munson Occupational Health** **Munson Urgent Care** **Munson Hospital Emergency Room**

Send original completed form to Human Resources within 24 hours of incident.

 Created 7/16/04