

REASONABLE SUSPICION TEST

In compliance with FMCSA Regulations 49 CFR, Part 382, safety-sensitive employees are subject to “reasonable suspicion” testing should they demonstrate specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the covered employee that would lead the trained supervisor to believe that the employee has used a prohibited drugs or misused alcohol. An employee cannot be tested for alcohol unless the employee is about to perform safety-sensitive duties, is performing safety-sensitive duties or just finished performing safety-sensitive duties. If the decision is made to test, the employee is to be advised of the reason/s for testing.

In cases where testing is to take place, only *Supervisor’s trained in compliance with 49 CFR Part 382.603 reasonable suspicion determinations may complete the following:

Date/Time of Observation _____ *Supervisor(s) Observing: _____

Employee’s Name _____ Employee ID _____ Employee Job Title: _____

Appearance/Odor

- Alcoholic odor
- Eyes Bloodshot
- Eyes Dilated
- Flush/Pale Face
- Unkempt
- Other: _____

Behavior

- Crying
- Drowsy/Sleeping
- Erratic
- Hostile
- Over-excited
- Other: _____

Balance

- Falling
- Holding on
- Staggering
- Swaying
- Unable to stand
- Other: _____

Speech

- Incoherent
- Rambling
- Shouting
- Slow
- Slurred
- Other: _____

Explanation of observations above and any other behavior, actions or statements made by employee in the decision making process -

Test Determination:

- Reasonable Suspicion Drug & Alcohol Test **Employee Refused Test No Test Required

Should the **employee refuse testing, he/she is to be advised that a refusal is considered the same as a “positive” test result and the employee would, therefore, be subject to disciplinary action up to and including dismissal under the Montgomery County Policy.

Escorting Supervisor _____

Time Collection Site Contacted: _____ Site Arrival Time: _____

Time of alcohol test _____ Result: _____ Time of drug test _____

Complete and fax/scan/email to the Division’s Safety and Training Program Manager with 24-hours.

This form is to be promptly forwarded to your Section Chief and a copy faxed to the Division Chief.