

Reasonable Suspicion Drug and Alcohol Testing Reminders

1. Only an administrator(s), who has been trained to recognize Reasonable Suspicion, shall request an employee to submit to a drug/alcohol test with the recommendation of a supervisor who is at least one level of supervision higher than the immediate supervisor of the employee in question. If none are present, assistance may be requested from the nearest school site, Administrative site, or OSPA Office as applicable.
2. The employee should be removed from his/her classroom/work area.
3. The employee should be informed that he/she is not allowed to eat or drink.
4. The employee should be informed that he/she can have a union representative present. However, the test will not be delayed if the representative has not arrived, when the technician is ready to perform the test.
5. Any employee who refuses to submit to testing, will be recommended for termination of employment in accordance with The School Board of Broward County, Florida's 2400 Policy (Rule #5)
6. If a **Positive Alcohol** test result is indicated or if the employee refuses to test, a friend or family member must be called or other arrangements must be made such as a taxi paid for by the employee to provide transportation home. Under **NO CIRCUMSTANCES** should the employee be allowed to drive his/her own vehicle from the work location. If the employee chooses to leave in his/her own vehicle, the local police department should be contacted by the administrator immediately.
7. The employee will not be allowed to return to current work place pending the outcome of the drug/alcohol test results. Direct the employee to report the following workday to Special Investigative Unit (SIU), located at 7720 West Oakland Park Boulevard, Suite 355, Sunrise Florida 33351 at 8:30 AM.

PLEASE FAX COMPLETED FORMS TO: 754-321-2649

Or Scan to Julianne Gilmore and Theresa Coleman

INCIDENT REPORT FORM

This form is to be completed by the Supervisor as a guideline for the determination to order a drug and/or alcohol screen for an employee who is unfit for duty and probable cause exists to test, or an employee who has been involved in an accident/incident subject to drug/alcohol testing. Each Supervisor is to complete his/her own form.

Name of Employee: _____

Personnel Identification Number: _____

Classification: _____

Time of Evaluation: _____

Location: _____

Supervisory Personnel at Scene:

Other: _____

I. CIRCUMSTANCES OCCURING AT TIME OF EVALUATION

Check where applicable:

Employee is reporting for duty:

Location/Time: _____

Employee is on duty:

Location/Time: _____

Employee has been involved in the following:

- Fatal Accident
- Vehicle accident causing injury to employee, passengers, or third person requiring medical attention.
- Accident Causing significant or unusual property damage.
- Incident involving violation of company rules which poses safety threat to employees, passengers, or third persons.

Please give a brief description of the incident:

II. OBSERVATIONS OF EMPLOYEE'S PHYSICAL CONDITION

Please check below any and all that apply

- Slurred Speech
- Confusion/disorientation
- Odor of alcohol on breath or person
- Unsteady gait or lack of balance
- Glassy eyes
- Rapid/continuous eye movement or inability to focus
- Drowsiness
- Inattentiveness
- Apparent intoxicated behavior (without the odor of alcohol or marijuana)
- Physical injury. (Location) _____
- Tremors or bodily shaking
- Poor Coordination
- Runny nose or sores around nostrils
- Very large or small pupils
- Slow or inappropriate reactions

Additional Comments or observations: _____

III. OBSERVATIONS OF EMPLOYEE'S BEHAVIOR

Please check below any/all applicable behaviors and describe briefly in the space on the right side of the page:

Inability to respond to questions or to respond correctly _____

Complaints of racing or irregular heart beat _____

Marked Irritability _____

Aggressiveness (attempts at physical contact) _____

Inappropriate laughter, crying, etc. _____

Fainting or repeated loss of consciousness _____

Improper job performance and/or violation of authority (Rules) _____

Additional comments or observations: _____

IV. ACTIVITY AT THE SCENE

Please check below any/all that apply:

Employee was relieved from duty _____

Employee was asked/ordered to remain at the scene _____

Employee requested union representation _____

Union official arrived at scene and talked with employee _____

Employee was taken for medical treatment to: _____

Fainting or repeated loss of consciousness _____

V. **DETERMINATION OF REASONABLE SUSPICION**

Based on the above, I have determined that:

1. There is probable cause for requesting a drug/alcohol test:

2. The accident/incident requires a drug/alcohol test:

The appropriate test(s) was order by: _____

TRAINED INDIVIDUAL(S) WHO OBSERVED THE BEHAVIORS MUST SIGN THE FORM BELOW

*Signed: (1) _____

Date: _____

Time: _____

*Signed: (2) _____

Date: _____

Time: _____

* Trained Supervisors (SIU Representative when second supervisor not available)