

Drug and Alcohol Testing Notice Checklist For Supervisors

NOTE: this report must be completed and forwarded to your department head and the Yolo County Human Resource Department no later than two days following the notice to the employee to submit to a drug and/or alcohol test. Provide copy to employee at time of notice.

Date of Report:	
Name of Employee:	
Date and Time of Observance:	
Names of supervisors/managers who made behavioral observations:	
1)	
2)	
Others who observed and/or reported behaviors:	
Physical, behavioral or performance indicators that provided reasonable suspicion that employee named above was/is under the influence of alcohol or drugs in the workplace, or while assigned standby duty.	
I/We observed the following: (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Direct observation of drug/alcohol use <input type="checkbox"/> Direct observation of possession of drugs or alcohol <input type="checkbox"/> Incoherent or slurred speech <input type="checkbox"/> Odor of alcohol on the breath/body <input type="checkbox"/> Inability to appropriately respond to questions <input type="checkbox"/> Unsteady walking and/or movements <input type="checkbox"/> Disorientation <input type="checkbox"/> Loss of balance <input type="checkbox"/> Red, watery eyes <input type="checkbox"/> Pattern of abnormal, erratic, paranoid or bizarre behavior <input type="checkbox"/> Unexplained drowsiness <input type="checkbox"/> Other: (be specific) _____ 	
Explain any observations checked above in more detail below. Describe what was observed by whom, how the employee behaved, looked and/or acted.	

Employee Representation

- Notify the employee of their right to have a representative during discussion and testing. The representative has 45 minutes to appear from time of notice.

Date and time of notice:

Did the employee request a representative? No

Yes. Name of representative: _____ Employee's initials verifying rep: _____

Discuss with employee:

- Explain your observations to the employee
- Ask the employee to provide an explanation of their condition and the observed physical, behavioral or performance indicators.
- Document what the employee said after notification:

Direction to employee to submit to a drug and/or alcohol test.

- Read the notification to the employee and have employee read and sign the statement. (*Sample below*) Ensure employee is aware of the risk in not submitting to the test.
- Provide a copy of this check list to the employee.

Suggested language for the notification memo:

"(Employee Name): You are hereby directed to submit to a drug and/or alcohol test based on reasonable suspicion that your are under the influence of drugs and/or alcohol. I further believe that your ability to perform the functions of your job are impaired or that your ability to perform your job in a safe manner is reduced.

If you refuse to submit to the drug and/or alcohol test, you may be subject to discipline, up to and including termination."

Include a section for the employee's signature indicating acceptance or refusal to submit to the test.

Did the employee agree to submit to the drug test?

- Yes
- No If No, advise the employee that discipline may result.

Date and time specimen is collected:

Name and location of facility used for collection:

Send follow up copies to:

- Department head
- Human Resources
- Employee