

Monroe District Schools
Determination to order a drug/alcohol screening test

for an employee who is unfit for duty and/or probable cause (reasonable suspicion) exists to test, or an employee who has been involved in an accident/incident subject to drug/alcohol testing.

Employee ordered to take test (printed legible name): _____

Social Security Number of Employee: _____

Time & Date of Determination test needed: _____

Location of incident/determination: _____

Supervisory Personnel at scene: (1) _____

(2) _____

(3) _____

Other witnesses/personnel at scene: (1) _____

(2) _____

(3) _____

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I. CIRCUMSTANCES OCCURRING AT TIME OF DETERMINATION:

(check all applicable items)

_____ Employee is reporting/arriving for duty/work.

LOCATION: _____ TIME: _____

_____ Employee is on duty/working.

LOCATION: _____ TIME: _____

_____ Employee has been involved in the following:

_____ Vehicular accident involving a fatality

_____ Vehicular accident resulting in a personal injury to the employee, any passenger, or third person (occupant of another vehicle or a pedestrian).

_____ Vehicular accident resulting in the driver (employee) being issued a citation (traffic ticket) under state or local law for a moving traffic violation.

_____ Vehicular accident resulting in a vehicle (any vehicle involved in accident).

_____ Accident/incident resulting in a significant or unusual amount of property damage.

_____ Accident/incident involving violation of Monroe District Schools policies, rules, or regulations, and that violation resulted in a serious safety threat to employees, passengers, or third persons.

Describe the situation/circumstance which meets the criteria above (hand written legible writing):

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II. OBSERVATIONS OF EMPLOYEE'S PHYSICAL CONDITION(S):

(check all items below which apply)

- | | |
|---|--|
| <input type="checkbox"/> slurred speech | <input type="checkbox"/> confusion/disorientation |
| <input type="checkbox"/> odor of alcohol (breath or person) | <input type="checkbox"/> odor of marijuana (breath or person) |
| <input type="checkbox"/> unsteady gait/lack of balance | <input type="checkbox"/> glassy eyes |
| <input type="checkbox"/> drowsiness | <input type="checkbox"/> inattentiveness |
| <input type="checkbox"/> tremors or bodily shaking | <input type="checkbox"/> poor coordination |
| <input type="checkbox"/> runny nose or sores around nostrils | <input type="checkbox"/> very large or small pupils (in eyes) |
| <input type="checkbox"/> slow or inappropriate reactions | |
| <input type="checkbox"/> rapid continuous eye movement or inability to focus | |
| <input type="checkbox"/> apparent intoxicated behavior (without the odor of alcohol or marijuana) | |
| <input type="checkbox"/> physical injury (location of injury on body: _____) | |
| <input type="checkbox"/> additional comments/observations of employee's physical condition: | |

III. OBSERVATIONS OF EMPLOYEE'S BEHAVIOR:

(check all behaviors below which you witnessed and briefly describe below)

- inability to respond to questions
- inability to respond correctly to questions marked irritability
- aggressiveness (attempts at physical contact)
- inappropriate/unexplainable laughter, crying, etc. fainting
- repeated loss of consciousness improper job performance
- violation of authority (rules)

Description of employee's behavior: _____

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IV. ACTIONS/ACTIVITIES AT THE SCENE OF THE ACCIDENT/INCIDENT:

_____ Employee was removed from duty at (date & time) _____

by the following named individual (print name) _____

_____ Employee was asked to remain at the scene until excused.

_____ Employee was instructed/ordered to remain at the scene.

_____ Employee requested union representation.

_____ Union official arrived at the scene and talked with employee.

Union representative was _____

_____ Employee was taken for medical treatment to (name the medical facility/doctor):

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V. DETERMINATION OF REASONABLE SUSPICION and/or DETERMINATION that drug/alcohol screening is required

Based on the facts and observations recorded above, which I observed personally, and which do/did exist at the time of making a decision that a drug/alcohol screen test was appropriate, I have determined that:

1. There does exist "probable cause/reasonable suspicion" for sending

(print name of person referred for drug/alcohol screening)
for a drug/alcohol screen.

2. The accident/incident requires sending

(print name of person referred for drug/alcohol screening)
for a drug/alcohol screen.

(print name of person completing/recording facts)

(signature of person completing/recording facts)

Form completed DATE: _____ TIME: _____

Based on my personal observations and recommendations, the above "drug/alcohol screen test" was ordered/directed by:

(print name of individual deciding testing appropriate/needed and would be performed)

(signature of individual deciding testing was appropriate/needed and would be performed)