

Fit For Duty - Reasonable Suspicion Worksheet

FOB-EHS-032-02

Instructions and Intent

This form is to be used to document the reasons for requesting that a FoB Team Member may be required to submit to a drug and / or alcohol screen test. All applicable questions documentation that applies to the situation must be completed and attached to the Supervisor's Incident Response Packet. Completed forms, along with supporting documentation and evidence and information will be submitted to the Environmental Health & Safety Director and Human Resources Department in accordance with FoB's Reasonable Suspicion Policy, Safety Programs, or other associated policies and procedures.

This form must be utilized to document reasons why any contractors, visitors, vendors, or guests may not be fit to perform work or occupy any FoB facility due to potential intoxication.

Location		Name of Individual		Date of Occurrence	
Area & Description of the Initial Reasons for Reasonable Suspicion			Incident Number (If Known or Applicable)		
			Other Observations (Including How Awareness of the Issue Occurred)		

Observer Documentation			
Name			
Observation Time		AM PM	
Odor			
Odor Of Alcohol	Yes No	Odor of Marijuana	Yes No

Behavior			
Nervous	Yes No	Fatigued	Yes No
Sleepy	Yes No	Confused	Yes No
Excited	Yes No	Insulting	Yes No
Cooperative	Yes No	Disruptive	Yes No
Calm	Yes No	Poor Memory	Yes No
Overly Talkative	Yes No	Uncooperative	Yes No
Exaggerated Politeness			Yes No

Unusual Actions			
Sweating	Yes No	Crying	Yes No
Jerky (Movement)	Yes No	Hyperactive	Yes No
Slow Reactions	Yes No	Fumbling	Yes No
Flushed	Yes No	Pale	Yes No
Use of Profanity	Yes No	Hostile	Yes No
Threatening	Yes No	Resistant	Yes No

Speech

Slurred	Yes No	Slobbering	Yes No
Slow	Yes No	Rambling	Yes No
Silent	Yes No	Whispering	Yes No
Shouting	Yes No	Thick	Yes No

Balance & Coordination

Falling	Yes No	Staggering	Yes No
Stumbling	Yes No	Normal	Yes No
Swaying	Yes No	Unsure	Yes No
Needs Support	Yes No	Unable to Stand or Sit Up	Yes No

Eyes

Bloodshot	Yes No	Glassy	Yes No
Watery	Yes No	Clear	Yes No
Droopy	Yes No	Dilated	Yes No
Closed	Yes No	Unable to Keep Open	Yes No

Observer Signature

_____ **date** _____

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Signature of Witness

_____ date _____

Name of HR Representative or Designee _____

Signature _____ **date** _____

Name of EHS Representative or Designee _____

Signature _____ **date** _____