

**CITY OF PITTSBURGH
REASONABLE SUSPICION OBSERVATION FORM**

(STRICTLY CONFIDENTIAL)

Employee Name: _____
Supervisor #1 Name: _____
Supervisor #2 Name: _____

Department: _____
Date of Incident: _____
Time of Incident: _____

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug substance or alcohol. You must note all pertinent behavior and physical signs or symptoms which lead to you reasonably believe that the employee has recently used or is under the influence of a prohibited substance or alcohol. Mark each applicable item on this form and any additional facts or circumstances which you have noted. Return completed form to Employee Leaves Program Coordinator, Room 434 City-County Building within 24 hours of the reasonable suspicion observation. **DO NOT RETAIN ANY COPIES.**

NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- Observed/reported dispensing, possession, or use of a prohibited substance
- Apparent drug or alcohol intoxication
- Observed abnormal or erratic behavior
- Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (Please specify)

UNUSUAL BEHAVIOR

- Verbal abusiveness
- Physical abusiveness
- Extreme aggressiveness or agitation
- Highly excited, nervous or irritable
- Withdrawal, depression, mood changes or unresponsiveness
- Inappropriate high pitched laughter
- Unusual reaction to real or imagined criticism
- Inappropriate verbal response to questioning or instructions
- Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion) (Please specify)

PHYSICAL SIGNS OR SYMPTOMS

- Insensitivity to pain
- Slurred or incoherent speech
- Unsteady gait or other loss of physical control; poor coordination
- Dilated or constricted pupils or unusual eye movement
- Bloodshot or watery eyes
- Extreme fatigue or sleeping on the job
- Excessive sweating or clamminess to the skin
- Flushed or very pale face
- Nausea or vomiting
- Odor like alcohol
- Odor of marijuana
- Dry mouth (frequent swallowing/lip wetting)
- Dizziness or fainting
- Shaking hands or body tremors/twitching
- Irregular or difficult breathing
- Runny sores or sores around nostrils
- Inappropriate wearing of sunglasses; extreme sensitivity to light
- Puncture marks or "tracks"
- Other (Please specify)

WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions and any other pertinent information not previously noted. Please note the date, times and location of the reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

Signature of Supervisor #1 _____ Date _____

Signature of Supervisor #2 _____ Date _____