

City of Helena, Alabama, a Municipal Corporation REASONABLE SUSPICION  
 CONTEMPORANEOUS OBSERVATION CHECKLIST (Strictly Confidential)

\_\_\_\_\_  
 Employee Name  
 \_\_\_\_\_  
 Function  
 \_\_\_\_\_  
 Incident Date      Time

\_\_\_\_\_  
 Name Supervisor 1      Title      Location  
 \_\_\_\_\_  
 Incident Observed

\_\_\_\_\_  
 Name Supervisor 2  
 \_\_\_\_\_  
 Title      Concurrence (In person/phone/other)

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 or alcohol. You should note all contemporaneous pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances which you have noted. (NOTE: If there are long-term behavioral indicators of substance abuse which support this checklist, please also include the Reasonable Suspicion Long-Term Observation Checklist).

**A. NATURE OF INCIDENT/CAUSE FOR SUSPICION**

- ( ) 1. Observed possession or use of an unknown substance
- ( ) 2. Apparent drug or alcohol intoxication
- ( ) 3. Observed abnormal or erratic behavior consistent with drugs or alcohol
- ( ) 4. Arrest or conviction for drug-related offense
- ( ) 5. Other observations consistent with prohibited drug use or alcohol misuse (e.g., reports by passenger or reliable/credible third party, flagrant violation of safety or serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job). NOTE: PLEASE DESCRIBE BELOW

**B. BEHAVIORAL INDICATORS NOTED**

- ( ) 1. Verbal abusiveness
- ( ) 2. Physical abusiveness
- ( ) 3. Extreme aggressiveness or agitation
- ( ) 4. Withdrawal, depression, tearfulness, or unresponsiveness
- ( ) 5. Other erratic or inappropriate behavior (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confused) NOTE: PLEASE DESCRIBE BELOW



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REASONABLE SUSPICION CONTEMPORANEOUS OBSERVATION CHECKLIST-P2  
**C. PHYSICAL SIGNS OR SYMPTOMS**

- 1. Possessing, dispensing or using prohibited substances
- 2. Slurred or incoherent speech
- 3. Unsteady gait or loss of physical control, poor coordination
- 4. Dilated or constricted pupils or unusual eye movement
- 5. Bloodshot or watery eyes
- 6. Extreme fatigue or sleeping on the job
- 7. Excessive sweating or clamminess of skin
- 8. Flushed or very pale face
- 9. Highly excited or nervous
- 10. Nausea or vomiting
- 11. Odor of an alcoholic beverage
- 12. Odor of marijuana
- 13. Disheveled appearance or out of uniform
- 14. Dry mouth (frequent swallowing/lip wetting)
- 15. Dizziness or fainting
- 16. Shaking hands or body tremors/twitching
- 17. Rapid breathing/breathing irregularly/difficulty breathing/slow breathing
- 18. Runny nose or sores around the nose
- 19. Inappropriate wearing of sunglasses
- 20. Puncture marks or "tracks" over veins
- 21. Other. PLEASE DESCRIBE BELOW:

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**D. WRITTEN SUMMARY** Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, time, and location(s) of the Reasonable Cause observation(s). Note if the employee REFUSED the test. Attach additional sheets as needed.

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\_\_\_\_ Signature of  
Date/Time  
Signature of

Date/Time  
Supervisor  
Supervisor 2

**City of Helena, Alabama, a Municipal Corporation REASONABLE SUSPICION  
LONG-TERM OBSERVATION CHECKLIST (Strictly Confidential)**

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Employee Name \_\_\_\_\_  
Function \_\_\_\_\_

Incident Date      Time

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Name Supervisor 1      Title      Location  
Incident Observed

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Name Supervisor 2  
Title      Concurrence (In person/phone/other)

This checklist is intended to assist in evaluating a person's performance over time. This information may be used to support a reasonable cause drug test. Has the employee manifested any of the following behaviors? Indicate (D) beside the category if documentation exists. (NOTE: If reasonable suspicion exists because of a specific incident, complete the Reasonable Cause Incident Checklist).

**A. QUALITY AND QUANTITY OF WORK**

- YES    NO
- ( ) ( ) 1. Clear refusal to do assigned tasks
  - ( ) ( ) 2. Significant increase in errors
  - ( ) ( ) 3. Repeated errors in spite of increased guidance
  - ( ) ( ) 4. Reduced quantity of work
  - ( ) ( ) 5. Inconsistent, "up and down" quantity and quality of work
  - ( ) ( ) 6. Procrastination on significant tasks or decisions
  - ( ) ( ) 7. Frequent, unsupported explanations for poor work performance
  - ( ) ( ) 8. Other, please specify
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**B. INTERPERSONAL WORK RELATIONSHIPS**

- YES    NO
- ( ) ( ) 1. Significant change in relations with co-workers, supervisors, others
  - ( ) ( ) 2. Noticeable change in verbal or written communications
  - ( ) ( ) 3. Frequent or intense arguments
  - ( ) ( ) 4. Persistently withdrawn or less involved with people
  - ( ) ( ) 5. Intentional avoidance of supervisor
  - ( ) ( ) 6. Expressions of frustration or avoidance
  - ( ) ( ) 7. Change in frequency or nature of complaints
  - ( ) ( ) 8. Complaints by co-workers or subordinates

- 9. Unusual sensitivity to advice or critique of work
- 10. Unpredictable response to supervision
- 11. Passive-aggressive attitude or behavior, doing things "behind your back"
- 12. Other, please specify

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REASONABLE SUSPICION LONG-TERM OBSERVATION CHECKLIST, page 2

C. GENERAL JOB PERFORMANCE

YES NO

- ( ) ( ) 1. Excessive use of sick leave
- ( ) ( ) 2. Frequent Monday/Friday/after holiday absences or similar pattern
- ( ) ( ) 3. Frequent unexplained disappearances/trips to rest room, etc.
- ( ) ( ) 4. Excessive "extension" of breaks or lunch
- ( ) ( ) 5. Frequently leaves work early
- ( ) ( ) 6. Frequent personal phone calls
- ( ) ( ) 7. Increased concern about, or instances of, safety violations
- ( ) ( ) 8. Experiences, or causes, job accidents
- ( ) ( ) 9. Major changes in duties or responsibilities
- ( ) ( ) 10. Interferes with or ignores established procedures
- ( ) ( ) 11. Inability to follow through on performance recommendation

D. PERSONAL MATTERS

YES NO

- ( ) ( ) 1. Changes in or unusual personal appearance (dress, hygiene)
- ( ) ( ) 2. Changes in usual speech (incoherent, loud, stuttering or slurred)
- ( ) ( ) 3. Changes in or unusual facial expressions, flushed or clammy face, bloodshot eyes
- ( ) ( ) 4. Much increased or reduced level of activity (fatigue, sleeping on the job, high activity)
- ( ) ( ) 5. Changes in usual topics of discussion
- ( ) ( ) 6. Increasingly irritable, tearful, excitable, nervous
- ( ) ( ) 7. Persistently boisterous or rambunctious
- ( ) ( ) 8. Unpredictable or out-of-control displays of emotions
- ( ) ( ) 9. Engages in discussions about obtaining drugs or alcohol
- ( ) ( ) 10. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
- ( ) ( ) 11. Makes unfounded accusations toward others (i.e., has feelings of persecution)
- ( ) ( ) 12. Secretive or furtive
- ( ) ( ) 13. Memory problems (difficulty recalling instructions, data, past behavior)
- ( ) ( ) 14. Frequent colds, flu, or other illness
- ( ) ( ) 15. Excessive fatigue
- ( ) ( ) 16. Makes unreliable or false statements
- ( ) ( ) 17. Unrealistic self-appraisal or grandiose statements
- ( ) ( ) 18. Temper tantrums or angry outbursts
- ( ) ( ) 19. Demanding, rigid, inflexible

( ) ( )20. Major changes in physical health

( ) ( )21. Other, please specify

Other information/observations--attach additional sheets if necessary

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_____	Signature of	_____	Date/Time	_____	Signature
of					
Date/Time	Supervisor				
Supervisor 2					

# City of Helena, Alabama, a Municipal Corporation Reasonable Cause Guidelines And Tips For Supervisory Training

## Supervisor Guideline Steps:

Eye Witness Event or Behavior

Document on Reasonable Suspicion Checklist Behavior/Situation as it relates to job performance

Contact employee's supervisors to inform of situation and ask for assistance

Read script to employee with another supervisor present

Drive employee to collection site

## Supervisor Intervention Tips:

### Do Not.....

- Diagnose
- Moralize
- Be overly sympathetic
  - Cover up
  - Talk about with others

### Do.....

- Know the policy
- Focus on job performance
- Be specific
- Be respectful
- Document

## Reasonable Cause Script:

( \_\_\_\_\_ ), as you know City of Helena, Alabama, a Municipal Corporation has a Drug-Free Workplace policy and as an employee of the City of Helena you have agreed to abide by its policy to prevent drug and alcohol abuse in the workplace.

At this time, as your supervisor I am instructing you that you must submit to a reasonable cause drug screen and/or breath alcohol test at this time.

A City of Helena representative will accompany you to the collection facility.

*Suspected employee is not allowed to drive himself/herself in a City of Helena vehicle to*

*the collection site location. If an employee leaves the premises in a private vehicle against the supervisor's instruction, the contact person may consider notifying local authorities.*

City of Helena, Alabama, a Municipal Corporation  
Alabama Drug-Free Workplace Program  
(STRICTLY CONFIDENTIAL)

Guidelines for determining if extenuating circumstances exist to allow employee "Last Chance" probation following positive drug/alcohol test

Under the terms and conditions of the Alabama Drug-Free Workplace Policy Statement, any employee who tests positive for drugs or alcohol in a confirmed laboratory test is subject to discharge from employment. However, the City of Helena uses certain criteria to determine whether there exist extenuating circumstances to justify allowing an employee a LAST CHANCE at rehabilitation and returning to work on a probationary status:

NO      YES

1. Has the employee been employed on a regular, full-time status at the City of Helena for at least one (1) year?
2. Has the employee maintained a satisfactory attendance record for at least the past year of his/her employment at the City of Helena?
3. Has the employee maintained a personnel file record with an absence of any written disciplinary action within the past twelve months of his/her employment at the City of Helena?
4. Has the employee satisfactorily performed his/her job duties and responsibilities over the past twelve months of employment at the City of Helena?
5. Other extenuating circumstances that would justify allowing an employee Last Chance probationary status?  
(DESCRIBE CIRCUMSTANCES ON BACK OF THIS FORM)

**APPROVED/DISAPPROVED (circle one) for Last Chance probation:**

Designated Manager or Supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_

**City of Helena, Alabama, a Municipal Corporation**

**LAST CHANCE AGREEMENT  
(STRICTLY CONFIDENTIAL)**

DATE:

EMPLOYEE  
NAME:

Dear \_\_\_\_\_:

On \_\_\_\_\_, 20\_\_, you tested positive for substance abuse (or screened non-negative) under the terms of City of Helena, Alabama, a Municipal Corporation Alabama Drug-Free Workplace Policy Statement. On \_\_\_\_\_, 20\_\_, the City of Helena agreed to your request to seek counseling and referral to a rehabilitation program for substance abuse. The following conditions apply to your rehabilitation program and possible reinstatement:

1. That I fully cooperate and participate in the City of Helena's counseling/rehabilitation program, in accordance with instructions and requirements of the Medical Review Officer (MRO) and/or the Contact Person at the City of Helena. I understand that my leave to continue in a counseling or rehabilitation program may be reviewed on a weekly basis. I will provide the City of Helena with timely evidence of my participation in such a program, including evidence of my attendance at all required sessions of the program; OR that I authorize the counseling or rehabilitation program representatives to provide proof of enrollment in the program and proof of attendance at all required sessions directly to the City of Helena's Contact Person or the Medical Review Officer.
2. That I provide the City of Helena with a written doctor's certificate explaining the reason for any absence from work during the rehabilitation program.
3. That I authorize counseling or rehabilitation representatives to confer with the City of Helena officials regarding my attendance, progress, and suitability for continued employment or return to active employment, as the case may be, including the disclosure of medical/psychiatric evaluations of me.
4. That, upon my continued active employment or return to active employment, I

must hereafter meet all established City of Helena policies, rules or regulations, standards of conduct, and standards of job conduct and performance required of any other employee, and that I will be subject to the same disciplinary procedure(s) as any other employee.

5. That I pay for all costs of rehabilitation not covered under the City of Helena's benefit plan.

6. That for a minimum of a two-year period following completion of my rehabilitation program, I will present myself for any and all drug and/or alcohol tests scheduled by the City of Helena, including initial screening performed by the City of Helena, and that I pass such screens or tests.

7. It is expressly understood, and I agree, that my failure or refusal to successfully complete any of the above conditions, including the drug and/or alcohol screenings or tests, will result in disciplinary action, up to and including termination. I also understand and agree that my future employment depends upon my remaining free of drugs and/or free of alcohol abuse for the entire duration of my continued employment, and that this LAST CHANCE opportunity afforded me by the City of Helena is conditioned accordingly.

8. It is further expressly understood that this Agreement in no way:

(a) waives the City of Helena's right to take any other appropriate disciplinary or discharge action against me during or after the two-year period for which I may be screened or tested.

(b) affects the current status of my employment or the City of Helena's right to terminate me, for any or no reason, without notice.

Such conditions, including those above, are recognized to be in addition to the City of Helena's right to alter my employment relationship with it, and for the reasons set forth above.

ACCEPTED BY:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED:

Title, Designated Manager or Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**City of Helena, Alabama, a Municipal Corporation  
ACKNOWLEDGMENT OF CONSEQUENCES OF  
REFUSAL TO PARTICIPATE IN DRUG TESTING**

I, \_\_\_\_\_, an employee of City of Helena, Alabama, a Municipal Corporation, acknowledge that I am refusing to report for Drug and Alcohol testing in accordance with the requirements of City of Helena, Alabama, a Municipal Corporation Drug-Free Workplace Program. I am aware that I am in violation of the Program in which I consented to participate. I am aware that I am subject to certain adverse consequences as a result of my choice.

**REFUSAL CONSEQUENCES:**

1) **Classified as a positive test**

2) **Discharge from employment**

3) **Disqualification from Workers' Compensation Benefits as follows:**

"A positive drug test conducted and evaluated pursuant to standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40 shall be a conclusive presumption of impairment resulting from the use of illegal drugs. No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this chapter." Alabama Code § 25-5-51 (1992).

4) **Disqualification from Unemployment Compensation Benefits as follows:**

"An individual shall be disqualified for total or partial unemployment: ...

a. If he was discharged or removed from his work for ... the use of illegal drugs after previous warning or for the refusal to submit to or cooperate with a blood or urine test after previous warning. ...

(i) A confirmed positive drug test that is conducted and evaluated according to ... 49 C.F.R. Part 40 ... shall be a conclusive presumption of impairment by illegal drugs. No unemployment compensation benefits shall be allowed to an employee having a confirmed positive drug test if the employee had been warned that such a positive test could result in dismissal .... Further, no unemployment compensation benefits shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test ....

(ii) ...'warning' shall mean that the employee has been advised in writing of the provisions of the employer's drug policy and that either testing positive pursuant to the standards referenced above or the refusal to submit to or cooperate with a blood or urine test as set out in the above referenced standards could result in termination of employment. This written notification as herein described shall constitute a 'warning' ...." Alabama Code § 25-4-78(3) (Supp. 1996).

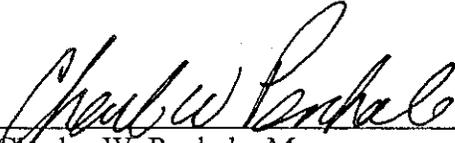
**I have read this Acknowledgment of Consequences of Refusal to Participate in Drug Testing and understand it.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature Supervisor \_\_\_\_\_ Date \_\_\_\_\_

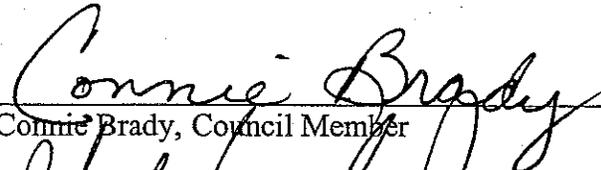
Check if employee refused to sign.

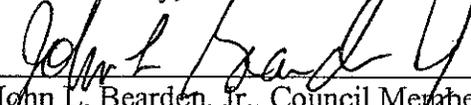
ADOPTED BY THE CITY COUNCIL OF THE CITY OF HELENA, ALABAMA, on this, the 19<sup>th</sup> day of February, 2001.

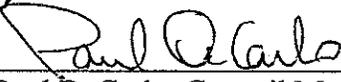
  
\_\_\_\_\_  
Charles W. Penhale, Mayor

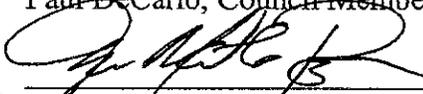
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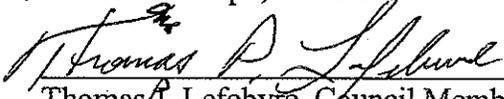
  
\_\_\_\_\_  
Peggy C. Dunaway, City Clerk

  
\_\_\_\_\_  
Connie Brady, Council Member

  
\_\_\_\_\_  
John L. Bearden, Jr., Council Member

  
\_\_\_\_\_  
Paul DeCarlo, Council Member

  
\_\_\_\_\_  
G. Mathew Pope, Council Member

  
\_\_\_\_\_  
Thomas J. Lefebvre, Council Member