

CITY OF HENDERSONVILLE

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

EMPLOYEE'S NAME _____	DATE OBSERVED _____
SUPERVISOR'S NAME: _____	TIME OBSERVED From: _____ am/pm To: _____ am/pm

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 Reasonable Suspicion Testing, the employer shall require the employee to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with CFR §382.307 determines that reasonable suspicion exists.

Reasonable suspicion determined for: **Alcohol** **Drugs** *(Mark items that apply and describe specifics)*

1. WALKING/BALANCE:
 ___ Stumbling ___ Staggering ___ Falling ___ Unable to stand
 ___ Swaying ___ Unsteady ___ Holding on ___ Rigid
 ___ Sagging at knees ___ Feet wide apart

2. SPEECH:
 ___ Shouting ___ Whispering ___ Slow ___ Rambling
 ___ Slurred ___ Slobbering ___ Incoherent

3. ACTIONS:
 ___ Resisting communications ___ Insulting ___ Hostile ___ Drowsy
 ___ Fighting/insubordinate ___ Profanity ___ Threatening ___ Erratic
 ___ Hyperactive ___ Crying ___ Indifferent ___ Tardy/leaving early

4. EYES:
 ___ Bloodshot ___ Watery ___ Dilated ___ Glassy
 ___ Droopy ___ Closed ___ Wearing sunglasses

5. FACE:
 ___ Flushed ___ Pale ___ Sweaty

6. APPEARANCE/CLOTHING:
 ___ Disheveled ___ Messy ___ Dirty ___ Partially dressed
 ___ Having odor ___ Stains on clothing

7. BREATH:
 ___ Alcoholic odor ___ Faint alcohol odor ___ No alcohol odor ___ Marijuana odor

8. MOVEMENTS:
 ___ Fumbling ___ Jerky ___ Slow ___ Nervous ___ Hyperactive

9. EATING/CHEWING:
 ___ Gum ___ Candy ___ Mints ___ Tobacco ___ Other _____

10. Other Comments _____
 Did employee admit to using drugs or alcohol? Yes No When? _____ How much? _____

WITNESSED BY (optional):

_____	_____	_____	_____ AM/PM
Signature	Title	Preparation date	Time
_____	_____	_____	_____ AM/PM
Signature	Title	Preparation date	Time

[CITY OF HENDERSONVILLE]

N.C. CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT

INITIAL NOTICE TO EMPLOYEES/APPLICANTS

In accordance with our company policy, you have been selected for a _____ controlled substance test (specify “post-accident,” “random,” etc.). In accordance with 13 NCAC 20.0401, this Notice explains your rights and responsibilities under the N.C. Controlled Substance Examination Regulation Act (“CSERA”) (Chapter 95, Article 20 of the N.C. General Statutes) and the corresponding administrative rules (Title 13, Chapter 20 of the N.C. Administrative Code).

- You may refuse this test; however, your job or employment opportunity may be in jeopardy.
• Although applicants may be screened by means of a “Quick Test,” any positive results must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or equivalent scientifically accepted method before hiring decisions are made.
• Current employees cannot be screened by means of a “Quick Test.”
• An approved laboratory must perform testing of samples.
• You can request a “re-test” of any positive sample. Retests must be of the same sample and must be paid for by the employee.
• You can file a complaint with the N.C. Department of Labor – Wage and Hour Bureau at (919) 807-2796 or 1-800-NC-LABOR if you believe procedural requirements of the CSERA were violated. The Department has no jurisdiction regarding an employer’s requirement for controlled substance testing or its decisions regarding results of controlled substance testing.

Employee/Applicant

Date

Employer Representative

Title

Disclaimer: The foregoing information is presented solely for the convenience of the reader and is not intended to replace any official source. Under no circumstances shall the Department of Labor be liable for any actions taken or omissions made from reliance on any information contained herein.

[CITY OF HENDERSONVILLE]

**N.C. ACTO DE REGLA DE LA EXAMINACIÓN CONTROLADA DE LA SUSTANCIA
AVISO INICIAL A EMPLOYEES/APPLICANTS**

De acuerdo con nuestra política de la compañía, le han seleccionado para _____ a prueba controlada de la sustancia (especifique "después del accidente," "al azar," el etc.). De acuerdo con 13 NCAC 20.0401. este aviso explica las sus derechas y responsabilidades bajo N.C. Controlado Acto de regla de la examinación de la sustancia ("CSERA") (capítulo 95, artículo 20 de la N.C. Estatutos generales) y las reglas administrativas correspondientes (título 13, capítulo 20 de la N.C. Código Administrativo).

- *Usted puede rechazar esta prueba; sin embargo, su trabajo o posibilidad de empleo puede estar en peligro.*
- *Aunque los aspirantes pueden ser defendidos por medio de una "prueba rápida," cualquier resultado positivo se debe confirmar por un laboratorio aprobado usando la cromatografía de gas con el spectrometry total (GS/MS) o el equivalente aceptó científico método antes de que se tomen las decisiones que emplean.*
- *Los empleados actuales no pueden ser defendidos por medio de una "prueba rápida.*
- *Un laboratorio aprobado debe realizar la prueba de muestras.*
- *Usted puede solicitar una "contra-prueba" de cualquier muestra positiva.Las contras-prueba deben estar de la misma muestra y deben ser pagadas para por el empleado.*
- *Usted puede archivar una queja con la N.C. Departamento del trabajo - la oficina del salario y de la hora en (919) 807-2796 o 1-800-NC-LABOR si usted cree los requisitos procesales del CSERA fue violada.El departamento no tiene ninguna jurisdicción con respecto al requisito de un patrón para la prueba controlada de la sustancia o sus decisiones con respecto a resultados de la prueba controlada de la sustancia.*

Employee/Applicant

Fecha

Representante Del Patrón

Título

Negación: la información precedente se presenta solamente para la conveniencia del lector y no se piensa para substituir ninguna fuente oficial. Bajo ningunas circunstancias el departamento del trabajo será obligado para cualquier acción tomada o las omisiones hechas de confianza en cualquier información contenida adjunto.