



# Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

## THE PIPE FITTING COUNCIL OF GREATER CHICAGO SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY REASONABLE SUSPICION/CAUSE DOCUMENTATION

Prepare this form every time an Employee is suspected of alcohol and / or drug use by actions, appearance or conduct which constitutes a major change in the person's appearance and / or behavior.

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

Date of Observation: \_\_\_\_\_

Time of Observation: From: \_\_\_\_\_ AM or PM To: \_\_\_\_\_ AM or PM

Location \_\_\_\_\_

**Observed behavior - circle all appropriate items:**

**SPEECH**

thick  
rapid  
slurred  
incoherent  
excessive

**BALANCE**

unsteady  
swaying  
falling

**WALKING**

stumbling  
stagging  
grasping for support

**EMOTIONAL INDICATORS**

depression  
anxiety  
alienation  
withdrawal  
moodiness  
irritability

**PHYSICAL INDICATORS**

pupils dilated  
redness of eyes  
weight loss  
loss of appetite  
tremors  
cold sweats  
rapid breathing  
neglect of personal hygiene  
odor of marijuana  
odor of an alcoholic beverage

Other abnormal behavior observed: \_\_\_\_\_

To the best of my knowledge and belief, this report represents the appearance, behavior and / or conduct of the above named employee, observed by me and upon which I base my decision to request said employee to submit to reasonable suspicion/cause drug and alcohol testing.

Please check one:

I certify that I **have been trained** on the Signs and Symptoms of Substance Abuse for Reasonable Suspicion Testing. **Signature of witness not required.**

I **have not been trained** on the Signs and Symptoms of Substance Abuse for Reasonable Suspicion Testing. **Signature of witness is required.**

Above behavior witnessed by:

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please Fax To:  
314-645-6767 or 866-645-6767**