



# Reasonable Cause / Post Accident Form

*Purpose of this form: To document the facts and circumstances behind a decision to request a reasonable suspicion or post-accident test.*

Employee's Name:	Employee Unique Identifier:	Date:
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**Type of Test** (Describe in detail below in comments)

<input type="checkbox"/> <b>Reasonable Cause</b>	<input type="checkbox"/> <b>Post-Accident</b>
<input type="checkbox"/> Observed behavior	<input type="checkbox"/> Accident involved use of vehicle, heavy equipment, power tools or other dangerous instrumentalities or working conditions
<input type="checkbox"/> Observed drug/alcohol use	<input type="checkbox"/> Accident caused an injury to worker or co-worker
<input type="checkbox"/> Difficulty maintaining balance	<input type="checkbox"/> Accident caused property damage
<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Accident may have been caused by human error
<input type="checkbox"/> Abnormal/erratic behavior	<input type="checkbox"/> Accident could have been avoided by reasonable alert action
<input type="checkbox"/> Apparent inability to safely perform assigned work	<input type="checkbox"/> Worker being tested was an active participant in the accident circumstances
<input type="checkbox"/> Other: (Explain)	

**Comments** (Describe, in detail, the rationale for requesting testing, including observed facts and circumstance, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.) Use additional paper if needed.

Requestor's Printed Name and Signature	Title	Date
2 <sup>nd</sup> Requestor's Printed Name and Signature	Title	Date

**Within 1 working day of completing a Reasonable Cause or Post Accident Test, this form must be completed, scanned, and emailed to Sound Transit Labor Compliance, [Michael.Lockman@SoundTransit.org](mailto:Michael.Lockman@SoundTransit.org).**