

SNAP: Reasonable Suspicion – Post Accident Testing Form

Purpose of this form: To document the rationale, facts and circumstances behind a decision to request a reasonable suspicion or post-accident test. Must be kept by company and is a confidential document.				
Employee's Name:	Social Security No. or ID#:	Date:		
<p>Type of Test (Describe in detail below in comments)</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> Reasonable Suspicion</p> <p><input type="checkbox"/> Observed behavior</p> <p><input type="checkbox"/> Observed drug/alcohol use</p> <p><input type="checkbox"/> Difficulty maintaining balance</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Abnormal/erratic behavior</p> <p><input type="checkbox"/> Apparent inability to safely perform assigned work</p> <p><input type="checkbox"/> Other: (Explain)</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Post-Accident</p> <p><input type="checkbox"/> Accident causing a fatality</p> <p><input type="checkbox"/> Accident causing an injury requiring off-site medical attention</p> <p><input type="checkbox"/> Accident causing significant property damage</p> <p><input type="checkbox"/> Unsafe activity or near-accident that could have caused:</p> <p><input type="checkbox"/> Possible death</p> <p><input type="checkbox"/> Possible injury</p> <p><input type="checkbox"/> Possible property damage</p> <p><input type="checkbox"/> The action or inaction of those involved contributed to the accident/injury, or drug/alcohol use could not be completely discounted as a contributing factor</p> </td> </tr> </table>			<p><input type="checkbox"/> Reasonable Suspicion</p> <p><input type="checkbox"/> Observed behavior</p> <p><input type="checkbox"/> Observed drug/alcohol use</p> <p><input type="checkbox"/> Difficulty maintaining balance</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Abnormal/erratic behavior</p> <p><input type="checkbox"/> Apparent inability to safely perform assigned work</p> <p><input type="checkbox"/> Other: (Explain)</p>	<p><input type="checkbox"/> Post-Accident</p> <p><input type="checkbox"/> Accident causing a fatality</p> <p><input type="checkbox"/> Accident causing an injury requiring off-site medical attention</p> <p><input type="checkbox"/> Accident causing significant property damage</p> <p><input type="checkbox"/> Unsafe activity or near-accident that could have caused:</p> <p><input type="checkbox"/> Possible death</p> <p><input type="checkbox"/> Possible injury</p> <p><input type="checkbox"/> Possible property damage</p> <p><input type="checkbox"/> The action or inaction of those involved contributed to the accident/injury, or drug/alcohol use could not be completely discounted as a contributing factor</p>
<p><input type="checkbox"/> Reasonable Suspicion</p> <p><input type="checkbox"/> Observed behavior</p> <p><input type="checkbox"/> Observed drug/alcohol use</p> <p><input type="checkbox"/> Difficulty maintaining balance</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Abnormal/erratic behavior</p> <p><input type="checkbox"/> Apparent inability to safely perform assigned work</p> <p><input type="checkbox"/> Other: (Explain)</p>	<p><input type="checkbox"/> Post-Accident</p> <p><input type="checkbox"/> Accident causing a fatality</p> <p><input type="checkbox"/> Accident causing an injury requiring off-site medical attention</p> <p><input type="checkbox"/> Accident causing significant property damage</p> <p><input type="checkbox"/> Unsafe activity or near-accident that could have caused:</p> <p><input type="checkbox"/> Possible death</p> <p><input type="checkbox"/> Possible injury</p> <p><input type="checkbox"/> Possible property damage</p> <p><input type="checkbox"/> The action or inaction of those involved contributed to the accident/injury, or drug/alcohol use could not be completely discounted as a contributing factor</p>			
<p>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.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
Requestor's Printed Name and Signature	Title	Date		
Reviewer's Printed Name and Signature For Reasonable Suspicion tests, one observer must be another bargaining unit employee.	Title	Date		
I acknowledge that I have been informed of the company's reasons for requesting this drug and/or alcohol test and consent to the testing.	Employee Signature	Date		