

Reasonable Cause Testing

Sound Transit Drug Free Card Program

May 19, 2020

Reasonable Cause Testing – Requirements

Contractors shall require testing when specific, articulable facts exist that would lead a reasonable person to believe that an employee may be impaired by drugs and/or alcohol. The decision to test shall be based on specific contemporaneous physical, behavioral, speech, body odors, or performance indicators of possible drug or alcohol use.

- ✓ An Employee showing signs of impairment such as difficulty maintaining balance, slurred speech, or otherwise appearing unable to perform assigned work in a safe and satisfactory manner.
- ✓ An Employee exhibiting abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- ✓ An Employee who is exhibiting the odor of alcohol and/or drugs or who is found to be in the possession of alcohol and/or drugs.

Reasonable Cause Testing – Decision

- Remove employee immediately from job duties if indicators of possible impairment have been observed.
- If need assistance in determining whether to Reasonable Cause test, contact Sound Transit Labor Relations.
- Employee may request union steward presence in pre-test meeting if readily available – cannot delay the meeting.

Reasonable Cause Testing – Scheduling

- Immediately schedule Reasonable Cause testing with the Testing Administrator – Pacific Pro Testing: 425-243-3115
- If collection cannot occur at the project site, Contractor must provide transportation for the employee to the collection site.
- Reasonable Cause testing must be completed as soon as possible and should be completed within two (2) hours of observing indicators of potential impairment.

Reasonable Cause Testing – Result Actions

- After drug and alcohol test collection the Contractor must remove the employee from work and provide transportation home.
- If results are reported negative, the employee is Eligible to return to work with back pay (if applicable). Reported positive results will make the employee Ineligible to work at any Sound Transit project site for 90 days.

Reasonable Cause Testing – Form



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:
Type of Test (Describe in detail below in comments) <input type="checkbox"/> Reasonable Cause <input type="checkbox"/> Post-Accident		
<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 nd 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.

- Reasonable Cause Testing Form must be completed and submitted within one (1) working day of testing.
- Document criteria for testing and provide brief details of indicators of potential impairment observations.
- Link to form can be found on DFC website under Resources tab.



ATTACHMENT B - SUBSTANCE ABUSE PREVENTION PROGRAM

SOUND TRANSIT
Drug-Free Card Program
Revised 4-1-2020



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<input type="checkbox"/> Observed behavior <input type="checkbox"/> Observed drug/alcohol use <input type="checkbox"/> Difficulty maintaining balance <input type="checkbox"/> Slurred speech <input type="checkbox"/> Abnormal/erratic behavior <input type="checkbox"/> Apparent inability to safely perform assigned work <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Post-Accident <input type="checkbox"/> Accident involved use of vehicle, heavy equipment, power tools or other dangerous instrumentalities or working conditions. <input type="checkbox"/> Accident caused an injury to worker or co-worker <input type="checkbox"/> Accident caused property damage <input type="checkbox"/> Accident may have been caused by human error <input type="checkbox"/> Accident could have been avoided by reasonable alert action <input type="checkbox"/> Worker being tested was an active participant in the accident circumstances	
Comments (Describe, in detail, the rationale for requesting testing, including observed facts and circumstances, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.) Use additional paper if needed.		
Requester's Printed Name and Signature	Title	Date
2 nd Requester's Printed Name and Signature	Title	Date

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Review Documents

Drug Free Card Website

- Labor Compliance Manual SAPP
- DFC Administrative Guide
- Reasonable Cause Form

www.drugfreebusiness.org/sound-transit.html

Thank you.



 [soundtransit.org](https://www.soundtransit.org)

