



PINAL COUNTY
PERSONNEL POLICIES AND PROCEDURES

Section
06.02

Subject: ALCOHOL AND/OR DRUG SCREENING CONSENT FORM

Employee Name: _____ Date: _____
(Print)

County Representative Accompanying Employee: _____
(Name Print)

MEDICAL CONSENT: I consent to the collection of urine and/or breath testing as requested by Pinal County to determine the presence of drugs and/or alcohol, if any, within my body system(s).

AUTHORIZATION TO RELEASE INFORMATION: I authorize the collection site(s) and/or testing laboratory to release any and all drug and/or alcohol report information obtained during this testing procedure to Pinal County authorized representative(s).

REFUSAL TO SUBMIT OR SIGN: I understand that my alteration of this consent form, or refusal to consent to or cooperate fully with the collection of urine and/or breath samples, or my refusal to submit to testing and authorize release of information to Pinal County authorized representative(s) constitutes a failure of the required testing, insubordination and may result in disciplinary action up to and including termination.

POSITIVE TEST RESULTS:

I also understand that any positive result for drug and/or alcohol may result in disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

County Representative Signature: _____ Date: _____



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Subject: REASONABLE SUSPICION OBSERVATION FORM
(STRICTLY CONFIDENTIAL)

(Employee Name)

(Date/Time of Incident)

(Supervisor #1 Name)

(Supervisor #2 Name)

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug substance(s) or alcohol. The supervisor(s) note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of, a prohibited substance. Mark each applicable item on this form and any additional facts or circumstances which you have noted.

A. NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- _____ 1. Observed/reported possession or use of a prohibited substance.
- _____ 2. Apparent drug or alcohol intoxication.
- _____ 3. Observed abnormal or erratic behavior
- _____ 4. Arrest or conviction for drug-related offense
- _____ 5. Evidence of tampering on a previous drug test
- _____ 6. Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative /abusive language, refusal of supervisor instruction, unauthorized absences on the job) (please specify)

B. UNUSUAL BEHAVIOR

- _____ 1. Verbal abusiveness
- _____ 2. Physical abusiveness
- _____ 3. Extreme aggressiveness or agitation
- _____ 4. Withdrawal, depression, mood changes, or unresponsiveness
- _____ 5. Inappropriate verbal response to questioning or instructions
- _____ 6. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion) (please specify)

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C. PHYSICAL SIGNS OR SYMPTOMS

- 1. Possessing, dispensing, or using controlled substance
- 2. Slurred or incoherent speech
- 3. Unsteady gait or other loss of physical control; poor coordination
- 4. Dilated or constricted pupils or unusual eye movement
- 5. Bloodshot or watery eyes
- 6. Extreme fatigue or sleeping on the job
- 7. Excessive sweating or clamminess to the skin
- 8. Flushed or very pale face
- 9. Highly excited or nervous
- 10. Nausea or vomiting
- 11. Odor of alcohol
- 12. Odor of marijuana
- 13. Dry mouth (frequent swallowing/lip wetting)
- 14. Dizziness or fainting
- 15. Shaking hands or body tremors/twitching
- 16. Irregular or difficult breathing
- 17. Runny sores or sores around nostrils
- 18. Inappropriate wearing of sunglasses
- 19. Puncture marks or "tracks"
- 20. Other (please specify)

D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, time, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

SIGNATURE OF SUPERVISOR #1

DATE

TIME

SIGNATURE OF SUPERVISOR #2

DATE

TIME

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