

	FORM	Effective Date	Document ID
	REASONABLE CAUSE	AUGUST 2013	4-ALL-ALL-0122
	Approved by: HSE Management Team	Page 1 of 3	Revision 1.0

Date of Observation: _____ Time observed from _____ to _____

Employee Name: _____ Division Number: _____

Leader Name: _____ Site/Location: _____

Instructions: Leader completes Part I, II & III to determine if there is reasonable cause to pursue alcohol and drug testing for an employee who is believed to be under the influence and is either reporting for duty, currently on duty, or has immediately finished duty.

Part I: Determining Reasonable Cause

Complete the following questions:

- Has some form of impairment been shown in the employee's appearance, actions or work performance? (i.e. slurred speech, unsteady on feet, yelling, fighting, etc.) ☐ Yes ☐ No
If answer is yes, identify observations in Part II and III on the following pages.
- Does the impairment result from the possible use of drugs or alcohol and do you have reasonable grounds to believe that the employee was using a drug or alcohol? (i.e. odor, witness, admission, physical signs, etc.) ☐ Yes ☐ No
- Did you witness the situation personally or are you sure the witness is reliable and has provided firsthand information? ☐ Yes ☐ No
- Are the facts objective and plausible? ☐ Yes ☐ No
- Are the facts capable of documentation? (i.e. document dates, approximate times, names, locations, etc.) ☐ Yes ☐ No
- Is the impairment current while on the job or company property and within 8 hours of observation? ☐ Yes ☐ No

If the answer is **yes** to all of the questions above,
proceed with Reasonable Cause Alcohol and Drug Testing.

To arrange a drug and alcohol test, call CannAmm at 1-800-440-0023.

NOTE: THIS FORM IS STRICTLY CONFIDENTIAL WHEN FILLED OUT.

Employee Name: _____ Date of Observation: _____

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Part II: Reasonable Cause Observation Form

Has the employee demonstrated any of the following behaviors? Circle the appropriate items.

Category	Appearance or Behavior Observed						
Breath Odor of Alcohol	Faint	Moderate	Strong				
Eyes	Bloodshot	Glassy	Watery	Constricted pupils	Dilated pupils	Fixed Pupils	Heavy Eyelids
Speech	Stuttered	Slurred	Mumbled	Thick tongue	Confused		
Excessive Unusual Actions	Hiccupping	Belching	Crying	Laughing	Vomiting	Fighting	
Attitude	Care Free	Arrogant	Talkative	Insulting	Combative	Profane	
Balance	Falling	Staggering	Stumbling	Swaying	Unsteady		
Walking	Falling	Staggering	Stumbling	Swaying	Unsteady	Hesitant	

Physical Signs or Symptoms: (check all that apply)

- | | |
|--|--|
| ☐ Possessing, dispensing, or using a prohibited substance | ☐ Dizziness or fainting |
| ☐ Flushed or very pale | ☐ Shaking hands or body tremors/twitching |
| ☐ Highly excited and nervous | ☐ Breathing irregularly or difficulty breathing |
| ☐ Odour of Marijuana | ☐ Runny nose or sores around nostrils |
| ☐ Disheveled, untidy appearance | ☐ Puncture marks on arms |
| ☐ Dry mouth (frequent swallowing or lip wetting) | ☐ Other: _____ |

Part III: Written Summary

On the statement, summarize the facts and circumstances of the incident, employee responses, actions taken, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused the test. Attach additional information or statements from witnesses.

Witness Name: _____

Leader Signature: _____

Witness Signature: _____

Leader Phone Number: _____

Witness Phone Number: _____

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