CITY OF Billings

REASONABLE SUSPICION INCIDENT RECORD

Employee Name: _____
(Print: First, MI, Last)

CDL Driver? Yes ☐ No ☐

Dept/Div: _____

Date of Observation: _____

Time: _____

Location of Incident or Observation: _____

Reasonable suspicion determined for: ☐ Alcohol ☐ Controlled Substances

A. Nature of Incident/Cause of Suspicion:
- ☐ Observed/reported possession or use of a prohibited substance
- ☐ Apparent drug or alcohol intoxication
- ☐ Observed abnormal or erratic behavior
- ☐ Contributed to work-related accident resulting in death, personal injury, damage over $1500
- ☐ Flagrant safety violation or "near miss"

B. Behavioral Indicators:
- ☐ Serious misconduct
- ☐ Fighting, argumentative/abusive language
- ☐ Refusal of supervisor instruction; inappropriate verbal response to questioning or instructions
- ☐ Unauthorized absence on the job
- ☐ Hallucinations, disorientation, excessive euphoria, confusion, talkativeness

C. Physical Signs or Symptoms:
- ☐ Possessing, dispensing or using prohibited substances
- ☐ Slurred or incoherent speech
- ☐ Dilated or constricted pupils/unusual eye movement
- ☐ Bloodshot or watery eyes
- ☐ Extreme fatigue or sleeping on the job
- ☐ Excessive sweating or clamminess of skin
- ☐ Flushed or very pale face
- ☐ Highly excited or nervous
- ☐ Nausea or vomiting
- ☐ Odor of alcohol or marijuana
- ☐ Disheveled appearance or out of uniform
- ☐ Dizziness or fainting
- ☐ Shaking hands, body tremors or twitching
- ☐ Irregular breathing or difficulty breathing
- ☐ Runny nose or sores around nostrils
- ☐ Inappropriate wearing of sunglasses
- ☐ Puncture marks or "tracks"
- ☐ Other (explain)

_____

_____

D. Written Summary:

Summarize the facts and circumstances of the incident including supervisor actions taken, employee response and any other pertinent information not previously noted. Attach additional sheets or documents as needed:

_____

_____

_____

_____

_____

_____

_____

_____

Reasonable Suspicion Determination by:

_____ _____ _____

Signature Title Date/Time

Confirming Witness:

_____ _____ _____

Signature Title Date/Time

Alcohol test must be administered within eight hours following reasonable suspicion determination.

Attach this form to City of Billings Alcohol and/or Controlled Substance Test Notification.

Provide a copy of this form to the employee.

ALCOHOL AND/OR CONTROLLED SUBSTANCE TEST NOTIFICATION

Requirement for notice: Before performing an alcohol or controlled substances test the employee shall be notified that the alcohol or controlled substances test is administered under Department of Transportation regulations (49 CFR part 382) or Montana Law (MCA 39-2-208). No employer shall falsely represent that a test is administered under federal or state statute.

Employee Name: Dept/Div:

_____ _____

(Print: First, MI, Last)

You are hereby notified that the following test(s) will be administered in compliance with Federal Motor Carrier Safety Regulations and/or Montana Law.

1. The test(s) are scheduled:

Date: _____ Time: _____

Location: _____

2. Check type of test: ☐ Controlled Substance ☐ CDL Alcohol (breath) ☐ Alcohol (breath)

3. Check reason for test: ☐ CDL Reasonable suspicion ☐ Other reasonable suspicion

☐ Return to duty ☐ Follow-up

Appointment instructions/comments:

_____

_____

_____

I understand that the above test(s) is/are required as a condition of my employment with the City of Billings:

_____ Date/Time: _____

(Employee Signature)

Witnessed by:

_____ Date/Time: _____

(Signature)

_____

(Title)

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE