Reasonable Cause Form

The following may be used to document the reasons for requesting that an employee be asked to submit to medical evaluation, drug or alcohol screen or as the basis for referral to EAP.

Employee’s Name ________________________  Company ______________________________

A. Was there an incident or accident?  □ Yes  □ No
   1. Description of event _________________________________________________________
   2. Date and Time: _____________________________________________________________
   3. Extent of Injury to persons or property _________________________________________
   4. Employee’s actions _________________________________________________________

5. Was the employee sent for alcohol and drug screening?  □ Yes  □ No
   Date and Time: __________________________

B. Is the Employee in a Safety Sensitive Position?  □ Yes  □ No

C. Observation of Employee (date: ____________  time: ____________):
   Check all the options below that apply
   1. Walking
      □ Falling  □ Holding On  □ Staggering  □ Deliberate  □ Unable to Walk
   2. Standing
      □ Feet wide apart  □ Rigid  □ Swaying  □ Unable to stand
   3. Speech
      □ Silent  □ Incoherent  □ Rambling  □ Shouting/Loud
      □ Fast  □ Slow  □ Slurred  □ Whispering
   4. Actions/Behavior
      □ Drowsy  □ Erratic  □ Fighting  □ Hostile  □ Defensive
      □ Hyperactive  □ Profanity  □ Resisting communications  □ Threatening
   5. Eyes
      □ Bloodshot  □ Closed  □ Dilated  □ Droopy  □ Glassy
   6. Face
      □ Flushed  □ Pale  □ Sweaty
   7. Appearance / Clothing
      □ Dirty  □ Unruly  □ Stains on clothing
      □ Messy  □ Neat  □ Partially dressed
8. **Odor**
   - Alcoholic odor
   - Faint Alcoholic odor
   - No Alcoholic odor
   - Marijuana odor
   - Faint Marijuana odor
   - No Marijuana odor

9. **Movements**
   - Fumbling
   - Hyperactive
   - Jerky
   - Nervous
   - Normal

10. **Covering / Concealing**
    - Candy
    - Gum
    - Mints
    - Mouthwash odor
    - None

   Other substances or methods (in locker, in soda can, etc.): _______________________________

   _____________________________________________________________

D. **Attendance**
   1. Total absences in last two months ______________________________

   Any absences on recurring Mondays and/or Fridays?  
   - Yes
   - No

   2. Times tardy in the last two months ______________________________

   3. Times employee left early in last two months ______________________________

E. **Performance Level**
   1. Has there been a recent change in the employee’s level of performance?
      - Yes
      - No

   2. If Yes, describe: ______________________________

   _____________________________________________________________

   _____________________________________________________________

F. **Other Observations/ Factors:** ______________________________

   _____________________________________________________________

   _____________________________________________________________

G. **Witnesses and/or Employees involved:** ______________________________

H. **Supervisory Actions taken:**
   - Incident report
   - Transportation off site for employee
   - Mandatory EAP referral made (see attached)

_______________________________________  ___________________
Signature of Supervisor  Date

_______________________________________
Printed Name