



After Hour Reasonable Suspicion Drug Testing Procedure

The City of Stamford has contracted with Drug Test Compliance to perform on-site drug and alcohol testing when reasonable suspicion has been confirmed. Currently only Drug Test Compliance is completing the breathalyzer for reasonable suspicion, so we will have to have them come up for a one time visit.

For Cause Determination Process

- ✦ Move employee to a private area; ensure that **one other** supervisor or manager is present.
- ✦ Contact the on-site manager or human resources, Reasonable suspicion **must be corroborated**. Complete the Reasonable Suspicion Assessment (**prior** to employee drug or alcohol testing) by **two** members of management / supervisor(s) who have had first-hand observation. Results will determine if reasonable suspicion exists. Please review questions on 2nd page of this Standard Operating Procedure.

Drug Test Compliance		
Business Hours	8AM-5PM	914 250 1420
After-Hours	5PM-8AM	914 414 3118

- ✦ Human Resource or site manager will contact Drug Test Compliance; provide contact information, and situational details.
- ✦ Drug Test Compliance will confirm arrival time and provide the collector contact information. Arrival times can differ between 30 minutes – 2 hours.
- ✦ Drug Negative results are available in 24 hours, and results are emailed to HR Manager.
- ✦ BAC Breathalyzer results should be known immediately after test.
- ✦ Positive results may take up to 72 hours before available.
Positive results require that the Medical Review Officer reach out to the employee, which can take up to 3 days.

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REASONABLE SUSPICION TESTING CHECKLIST

Employee Name: _____	Employee Job Title: _____
Facility: _____	Location of Event: _____
Observation Date: _____ Time: _____ a.m./p.m.	
Was employee performing a safety-sensitive duty? Yes No	

The following observations were made of the employee identified above:

Check ALL **specific and contemporaneous** observations and **document** the following:

BEHAVIOR

- unsteady gait, stumbling
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, belligerent
- irritable, moody
- depressed, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- inappropriate, uninhibited behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

APPEARANCE

- flushed complexion
- flushed complexion
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt appearance

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

BODY ODORS

- alcohol
- marijuana

Other observations: _____

Supervisor Name (*print or type*)

Supervisors Signature

Date

Additional witnesses (optional)

Witness Name (*print or type*)

Witness Signature

Date

TEST DETERMINATION

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT <input type="checkbox"/> Reasonable Suspicion Alcohol Test <input type="checkbox"/> Reasonable Suspicion Drug Test <input type="checkbox"/> No Test Required <input type="checkbox"/> Employee Refused Test | <ul style="list-style-type: none"> <input type="checkbox"/> NO Test Conducted <input type="checkbox"/> 8 hours elapsed for alcohol test <input type="checkbox"/> 32 hours elapsed for drug test <input type="checkbox"/> Employee transported for medical care <input type="checkbox"/> Other (explain): _____ |
|--|---|

Employee transported to collection site by: _____
Time of Transport: _____ a.m./p.m. Collection Facility: _____